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ABSTRACT

The Statewide Planning Project for Vocational Rehabilitation Services was established by the Governor of the State of Connecticut to develop a master plan for vocational rehabilitation services. The entire state was considered and the project included citizens, public and private agencies, and representatives from professional groups. Five regional committees and many subcommittees met several times to discuss the problems of their respective localities. During the last year, five areas were studied: (1) Interagency Cooperation, (2) Prevalence of Disabilities, (3) Job Market and Manpower, (4) Research, and (5) Legislation. Specific recommendations include: (1) In planning for the immediate future, present estimates of disability should be used, (2) Systematic research must be carried out, (3) The number of counselors in the state mental hospitals should be increased, and (4) A working agreement should be made between the Department of Mental Health and the Division of Vocational Rehabilitation. Related documents are available as VT 013 093-013 096. (GEB)

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FINAL REPORT

COMPREHENSIVE STATEWIDE PLANNING FOR VOCATIONAL REHABILITATION SERVICES

CONNECTICUT

Volume I

DIVISION OF VOCATIONAL REHABILITATION
STATE DEPARTMENT OF EDUCATION
600 ASYLUM AVENUE
HARTFORD, CONNECTICUT

JAMES S. PETERS, II, Ph.D
Director

WESLEY C. WESTMAN, Ph.D
Project Director

INCLUSIVE PERIOD OF PLANNING PROJECT
October 10, 1966 - October 10, 1968

December 30, 1968

This planning program was supported by a grant, under Section 4(a)(2)(b), from the Rehabilitation Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C.

DISCRIMINATION PROHIBITED -- Title IV of the Civil Rights Act of 1964 states: "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, all programs and activities receiving financial assistance from the Department of Health, Education, and Welfare must be operated in compliance with this law.

STATE PLANNING COUNCIL FOR VOCATIONAL
REHABILITATION SERVICES
600 Asylum Avenue, Hartford, Conn.
Room 104

February 3, 1969

His Excellency John N. Dempsey
Governor of Connecticut
State Capitol
Hartford, Conn.

Your Excellency:

As Chairman of the State Planning Council for Vocational Rehabilitation appointed by you in the Fall of 1967, it is my privilege to present to you the final report on the Statewide Planning Project for Rehabilitation Services in Connecticut.

It was your interest, support and cooperation which furnished the incentive and inspiration which moved all of us to give this exciting task our very best efforts. We are grateful to you for your concern for Connecticut's handicapped and for your continuing attention to their needs.

As you know, many private citizens throughout the State made important contributions to the work of the Planning Council and to the development of this report. As for the members of the Council, I can not speak highly enough of their dedication and attention to the project. Most particularly I single out for special mention to Your excellency the invaluable contributions made by the Executive Committee. The members of this group are Miss Ann Switzer, Executive Director of the Connecticut Association for Retarded Children, Miss Gertrude Norcross, Executive Director of the Connecticut Association for Crippled Children and Adults, Arthur DuBrow, Director, Mental Retardation Services of the Office of Mental Retardation, State Department of Health, and Dr. George Sanborn, Chief, Office of Departmental Planning, State Department of Education. They gave unstintingly of their time, energy and experience in the compilation of this report. Their devotion to the project is in large part responsible for the thoroughness of the study and the recommendation.

The Planning Council is also grateful to Mr. Frank Grella, Associate Professor of Management, University of Hartford, and Assistant Director and Research Planning Associate of the Project, and Mrs. Helen Hathaway, Publications Associate of the Project, who assumed great responsibility for the editing and preparation of the report for printing purposes.

The report is the culmination of a two year study made possible by a Federal grant focusing on the present and future needs of Connecticut's handicapped citizens. It contains numerous suggestions and recommendations concerning the implementation of those recommendations with a target date of June 1975.

The report is in three volumes: the first, a formal report; the second, an appendix containing all the supportive material gathered by the Project Staff, Regional and Technical Advisory Committees, and staff consultants; the third, a summary of the report prepared for general distribution.

Again we are most grateful to you for your confidence and encouragement.

Sincerely yours,

Joseph W. Ress

Joseph W. Ress
Chairman

A NOTE FROM THE PROJECT DIRECTOR,
WESLEY C. WESTMAN, Ph.D.

At the start of the Statewide Planning Project, the mission of the project, as stated in the guidelines, appeared to be a rather straightforward task of assessing the present level of services and the extent of disability, in order to formulate a plan to close the existing gap between the two by 1975. As it has turned out, the task as described had very little relationship to the amount and kind of work necessary to its completion, and the final report represents many hours of work on the part of the Project Staff, the Planning Council appointed by the Governor, and the Regional and Technical Advisory Committees.

It has been said that the most stringent test of a society is the way it treats its disabled members. The appeal to the basic humane qualities of man has historically been the reason both public and private organizations serving the disabled have flourished in the past and, no doubt, will continue to do so; but the situation has changed radically today. Since we are serving a wider range of people with a wider range of problems than ever before, the programs that serve them will have to increase much more rapidly than any public program has in the past, to meet their needs by 1975. In addition, in the past, we may have largely ignored the most salient argument in promoting rehabilitation programs: rehabilitation, besides being in keeping with our best democratic ideals and humanitarian goals, is extremely good business. Investment in human resources pays bigger dividends than the finest blue chip stocks. Part of this report shows that for every dollar invested in a disabled person, the return in lifetime earnings is many times greater. This is called the "cost-benefit ratio".

A cost-benefit ratio sounds academic and cold, seeming to deny that living, breathing human beings are involved in giving and receiving services to improve the quality of their lives. On the contrary, if human services agencies are to make themselves equal to the task that lies ahead, they will have to adopt the most modern scientific management techniques to insure that more living, breathing human beings are going to get more services at the least possible cost. Otherwise, our good intentions and professional training will not be enough to fill the needs of the thousands of persons waiting for services.

The history of rehabilitation has been a recording of valiant efforts on the part of people working under incredible difficulties: overlarge caseloads; too little money to serve the people they worked with; very often having to invent their own ways of handling problems which arose, with the help of agencies, institutions, and people of goodwill in the community. But the problem has increased, as more and more people have been defined as eligible for services, and more money becomes available. No person who has worked in this movement deludes himself into thinking that simply more money and more staff will solve the entire problem. New techniques, new treatment modalities, better diagnostic methods, and more cooperative efforts with other agencies, public and private, will all be required to cope with these conditions, as well as the many problems that we cannot even anticipate at the present time. But those of us who have worked on planning for the future dedicate our work to those who have served the rehabilitation movement in the past; for, indeed, without their efforts, a future would not be possible. A strong tradition of nearly fifty years of working with people successfully is the sturdy foundation of our present program.

It is our hope that our plans will be effective plans, that they will allow these people to carry on their work more efficiently and with less stress and strain. Finally, the central concern of the Project has been, from the start, the disabled citizens of Connecticut who are waiting to be served. Well-planned and orderly growth has been the tradition in Connecticut, and we hope to have carried this tradition in our report. More than anything else, it has been the image of the person unable to work, with the resultant loss of human dignity, which has been the constant motivation for our work.

TABLE OF CONTENTS

Page

SUMMARY OF RECOMMENDATIONS--11

CHAPTER I INTRODUCTION--43

Background Information on Project
Statement of Purpose
Scope of Program

CHAPTER II THE STATE PLANNING ORGANIZATION--47

Designated Organization
Policy Board
Technical Advisory Committees
Regional Committees
Sub-contractors
Inter-agency Liason
Organizational Chart
The Project Staff

CHAPTER III METHOD OF OPERATION--67

CHAPTER IV FINDINGS AND RECOMMENDATIONS--71

Estimates of Prevalence of Handicapped
By Category Projected to 1975--71

Disabilities--85

The Blind--85
The Deaf--86
Heart Disease, Cancer, Stroke--89
The Mentally Ill--90
Mantal Retardation--98
Socially and Culturally Disadvantaged--101
The Severely Muliple Handicapped--103

Programs--106

The Aging--106
Correctional Rehabilitation--109
Economic Opportunity Programs--112
Facilities and Workshops--113
The Military Rejectee--115
Public Assistance--116
The Rural Disabled--117
Social Security and Vocational Rehabilitation--118
Disabled Youth--119
Workman's Compensation--120
Voluntary Organizations--121
School Services--122

Page
Interagency Coordination of Service Programs--------------------128

State Employment Service------------------------------------135
Manpower Development and Training Act Program----------------136
Public Welfare--137
Education---138
Public Health---140
Voluntary Organizations-------------------------------------141
Others--142

Coordination With Other State Planning--------------------------144

Planning Relative to Poverty Stricken------------------------146
Mental Retardation Planning---------------------------------147
Hill-Burton Planning for Rehabilitation Facilities-----------148
Comprehensive Health Planning-------------------------------149

Administrative Aspects--150

Public Relations--150
Administrative and Operations Studies of State Agencies------154
Administrative Locations of the State Vocational Rehabilitation Agency------------------------164
Personnel Recruitment, Training, and Utilization-------------167
Utilization of Completed Research---------------------------180
Standards---182
Program and Project Development-----------------------------183

Special Planning Topics---184

Architectural Barriers--------------------------------------184
Transportation--186
Job Development and Placement ------------------------------186
Programs in Partnership with Private Industry----------------188
Inner City and Rural Poverty--------------------------------189
Others--190

Legislation---191

CHAPTER V THE COMPOSITE WORKING PLAN-----------------------------195

CHAPTER VI CONTINUED PLANNING AND FOLLOW-UP------------------------222

TABLE OF STATISTICAL CHARTS, GRAPHS, MAPS

Page

TABLE A-1 Prevalences of Chronic Conditions in Connecticut------------------74-75

TABLE A-2 Number of Persons in Connecticut Whose Major Activity is Prevented------------------82-83

CHART C-1 Public School Services for Exceptional Children - Bridgeport---------123

CHART C-2 Public School Services for Exceptional Children - Hartford-----------124

CHART C-3 Public School Services for Exceptional Children - New Haven----------125

CHART C-4 Public School Services for Exceptional Children - Norwich Region-----126

CHART C-5 Public School Services for Exceptional Children - Waterbury Region---127

CHART D-1 Network Management (External)-------------------------------------129

CHART D-2 Model for Effective Public and Private Agency Coordination and Delivery of Services-------------------------------------130

CHART E-1 Network Management System Design----------------------------------145

TABLE F-1 Characteristics of Act I--162

TABLE F-1 VE Case load, October 1968---------------------------------------163

CHART F-2 Administrative Locations---165

MAP F-3 Districts, Offices and Projected Offices of DVR.--------------------166

CHART F-4 Model Client Service System--------------------------------------168

CHART F-5 Counselor Positions in Connecticut, October, 1968-----------------179

CHART V-1 Functional Analysis--197

CHART V-2 Proposed Organization Chart--------------------------------------201

TABLE V-3 Projection of Numbers and Costs, 1970-----------------------------216

TABLE V-4 Projection of Numbers and Costs, 1975-----------------------------217

TABLE V-5 Case load Goals and Service Costs, 1970---------------------------218

TABLE V-6 Case load Goals and Service Costs, 1975---------------------------219

TABLE V-7 Summary of Projected Needs and Goals-----------------------------220

SUMMARY
OF
RECOMMENDATIONS

A. ESTIMATES OF THE PREVALENCE OF HANDICAPPED PERSONS BY CATEGORY, PROJECTED TO 1975 Recommendation:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
1. In planning and programming for the immediate future, it is recommended that present estimates of disability be used. For the future, Vocational Rehabilitation should explore, with appropriate agencies and institutions, the feasibility of a uniform reporting system to record prevalence of various disability categories, to the extent possible, for the benefit of interested agencies and professional groups.	I	Research and Statistics	See Recommendation Number 59 re: duties of a Research and Statistics unit.	
2. Systematic research must be designed to establish as firmly as possible the dimensions (size/number) of the problem categories of disability, and to explore the extent of the wider population to be served, resulting from the definitions in the 1968 amendments which include minority groups, youth, the aged, criminals or delinquents, and related categories of disability.	C	Research and Statistics	See Recommendation Number 59 re: duties of a Research and Statistics unit.	

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

B. DISABILITY CATEGORIES Recommendation:	Priority	Implementation		
		Respon-sibility	Staffing Requirements	
			Number of Personnel	Dollars
3. Federal legislation should be passed, changing eligibility requirements to include services for the geriatric blind who have no vocational potential, but who need personal adjustment training. Appropriate funding must also be provided.	LR	Board of Education and Services for the Blind	As needed, cost to be absorbed by case service cists	160,000 case service costs per annum
4. A regional comprehensive residential facility for several New England states, should be established to provide a variety of services to the blind with multiple handicaps, who cannot be served in a general rehabilitation center.	I	Division of Vocational Rehabilitation, the Board, and rehabilitation agencies of the other states participating		Grant
5. The number of counselors in the state mental hospitals should gradually be increased over the next seven years. Initially, one new counselor should be added to the staff of each of the three state mental hospitals, and one new counselor added each year until reasonable caseload levels have been reached.	I	Rehabilitation Services	1970 3 counselors 3 clerks 1971 3 counselors 3 clerks 1972 3 counselors 3 clerks	30,000 15,000 30,000 15,000 30,000 15,000 cost per annum

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

B. Disability Categories (cont.) Recommendation:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
6. A comprehensive, written working agreement must be made between the Department of Mental Health and the Division of Vocational Rehabilitation.	C	Director of the Division of Vocational Rehabilitation	Present Staff	--
7. The Division of Vocational Rehabilitation and the Department of Mental Health should establish a workshop training program for counselors who work with clients and patients who have mental disorders.	C	Rehabilitation Services	Present Staff	--
8. The Division of Vocational Rehabilitation should have contact with local Alcoholics Anonymous clubs to inform them of the services offered by the Division if members need these services in addition to the therapy which they receive from Alcoholics Anonymous. It is further recommended that the Division of Vocational Rehabilitation consider referring arrested controlled alcoholics to Alcoholics Anonymous for continuing therapy even after vocational rehabilitation services have ceased.	C	Rehabilitation Services	Present Staff	--

C- Current fiscal year
I- Interim (by 1970)
LR- Long range (by 1975)

B. Disability Categories (cont.) Recommendation:	Priority	Implementation		
		Respon-sibility	Staffing Requirements	
			Number of Personnel	Dollars
9. The Division of Vocational Rehabilitation should actively support the founding of a half-way house for the Norwich Hospital. A specific proposal is included in the report.	C	Facilities Specialist	Present Staff	Case Service costs
10. An initial, or additional, counselor and one clerk should be assigned on a full-time basis to each of the following institutions for the mentally retarded: Hartford Regional Center Seaside Regional Center Putnam Regional Center*	I	Rehabilitation Services	2 counselors 2 clerks	20,000 10,000 30,000 per annum
11. A formal written agreement should entered into by the Division of Vocational Rehabilitation and the Office of Mental Retardation, to include the following: (a) description of services to be provided by the parties thereto (b) provision for joint program planning (c) provision for exchange of technical, fiscal and/or statistical information, as necessary (d) provision for periodic review of the agreement, at stated intervals, by specified persons		Director of the Division of Vocational Rehabilitation	Present Staff	--

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

*As the Putnam Regional Center expands, consideration should be given to placing a full-time counselor and clerk in this facility.

B. Disability Categories (cont.) Recommendation:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
12. The Director of the Division of Vocational Rehabilitation should authorize the Office of Mental Retardation to have some supervisory responsibility for Vocational Rehabilitation counselors during the first six months of assignment in mental retardation institutions.	C	Director of the Division of Vocational Rehabilitation	Present Staff	--
13. The Division of Vocational Rehabilitation, with the Office of Mental Retardation and voluntary agencies, should research the possibility of services to siblings of the retarded and make specific recommendation as to the kind of services needed.	IR	Research and Statistics	See Recommendation Number 59 re: duties of a Research and Statistics unit.	
14. The Division of Vocational Rehabilitation should act as the catalyst in convening agencies which are interested in the planning stage of State diagnostic centers in selected strategic areas. The Division should consider entering consortium agreements for initial staffing and continuing fiscal support of such centers.	IR	Program and Project Development	See Recommendation Number 61	

C - Current fiscal year
I - Interim (by 1970)
IR - Long range (by 1975)

B. Disability Categories (cont.) Recommendation:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
15. Follow-up services for the socially disadvantaged and all clients should be emphasized by counselors of the Division of Vocational Rehabilitation. Closures, rehabilitated, should be investigated quarterly for one year to determine if follow-up services are needed	C	Rehabilitation Services	Present Staff	--
16. Vocational Rehabilitation legislation should be amended to make the individual with severe multiple handicaps eligible for vocational rehabilitation services at a very early age, in an attempt to integrate him as soon as possible into the community and to make him a productive individual. Note: This could be a pilot project covering 25-50 clients.	LR	Rehabilitation Services	Present Staff	*17,000-34,000 per annum

*** A 2-year average case service cost has been calculated for each disability category. The largest average case service cost of $677 was used here to calculate these estimates.**

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

C. PROGRAMS	Priority	Implementation		
		Responsibility	Staffing Requirements	
Recommendations:			Number of Personnel	Dollars
17. The 1969 Legislature should provide funds to the Commission on Aging for the Senior Service Corps, established by Public Act No. 662, in 1967.	C	Legislature		250,000 biennially
18. A professional from the Division of Vocational Rehabilitation and a professional from the Commission on Services for Elderly Persons must be made responsible for maintaining active liaison between the two agencies.	C	Rehabilitation Services	Present Staff	--
19. The persons appointed to handle public relations, in the Division of Vocational Rehabilitation, should be made responsible for promoting the older worker on a statewide basis.	C	See Recommendation Number 43.		
20. A joint request should be initiated by the Division of Vocational Rehabilitation and the Department of Correction for a research and demonstration grant to develop diagnostic procedures and a work evaluation unit in the Hartford Correctional Center.	I	Program and Project Development	See Recommendation Number 61.	Grant

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

C. Programs (cont.) Recommendations:	Priority	Implementation Responsibility	Staffing Requirements Number of Personnel	 Dollars
21. A rehabilitation counselor should be assigned, on a full-time basis, to each of the three State jails which do not now have such services. One counselor should also be placed at the Connecticut State Farm and Prison for Women, two counselors at the State Prison, and one counselor in each of the three youth correctional institutions.	I	Rehabilitation Services	9 counselors 9 clerks	90,000 45,000 135,000 per annum
22. Rehabilitation counselors in the community must absorb prisoners from the caseloads of prison rehabilitation counselors into their own caseloads, sometime before their release. Vocational rehabilitation plans for these individuals must be initiated while they are still in prison.	I	Rehabilitation Services	5 counselors 5 clerks (one of each in each of the five districts)	50,000 25,000 75,000 per annum
23. Probation officers must be oriented to the services and referral process of the Division of Vocational Rehabilitation by the person in the Division of Vocational Rehabilitation appointed to assume responsibility for public relations.	C	See Recommendation Number 43.		

C - Current fiscal year
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LR - Long range (by 1975)

C. Programs (cont.)	Priority	Implementation		
		Respon-sibility	Staffing Requirements	
Recommendations:			Number of Personnel	Dollars
24. Written agreements between the Division of Vocational Rehabilitation and rehabilitation centers and workshops should be reviewed periodically.		These are interim recommendations. Analysis of costs and priorities for these recommendations, as well as for other facility recommendations, will be made by the Statewide Planning Project for Workshops and Facilities.		
25. Additional sheltered workshops must be established because present number of workshops is not sufficient to meet the needs of those requiring this service.				
26. The need for diagnostic centers should be investigated.		See Recommendation Number 14.		
27. The Division of Vocational Rehabilitation should investigate the feasibility of more comprehensive vocational rehabilitation services in centers for respiratory diseases.				
28. The Division of Vocational Rehabilitation should experiment by providing grants to sheltered workshops, rather than purchase this service on a client-to-client basis.				

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

C. Programs (cont.) Recommendations:	Priority	Implementation		
		Respon-sibility	Staffing Requirements	
			Number of Personnel	Dollars
29. Rehabilitation services and facilities should be included in contemplated growth plans of hospitals, veterans' hospitals, and convalescent homes, especially in rural areas where separate facilities may not be possible.				
30. Combined housing and workshops for the handicapped should be developed to eliminate transportation problems.				
31. The Division of Vocational Rehabilitation should survey available temporary housing for clients near rehabilitation facilities, and a directory of such housing should be compiled and distributed to the counselors of the Division.				
32. The Division of Vocational Rehabilitation should purchase services only from facilities whose standards meet those required by the Division, and those established by recent publications on workshops and facilities.				

C - Current fiscal year
I - Interim (by 1970)
LR - Long rane (by 1975)

C. Programs (cont.) Recommendations:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
33. Automatic referral of military rejectees to the Division of Vocational Rehabilitation District offices through an agreement with recruiting offices of the armed forces should be established.	C	Rehabilitation Services	Present Staff	--
34. The Division of Vocational Rehabilitation must periodically provide the Juvenile Court and probation officers with a description of services available, and eligibility requirements, so that vocational rehabilitation may be an alternative to punishment for first-time youthful offenders who may be school drop-outs and unemployed.	C	See Recommendation Number 43.		
35. The Division of Vocational Rehabilitation must expand its counselor services in the public schools. The placement of either an initial, or an additional counselor and clerk in each of the following interested schools is recommended: Hartford Public High School Newington Schools Norwalk Schools Waterbury Schools Stratford High School New Haven Schools Avon Schools (cont.)	I	Rehabilitation Services	7 counselors 10 clerks	70,000 50,000 120,000 per annum

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

C. Programs (cont.) Recommendations:	Priority	Implementation		
			Staffing Requirements	
		Responsibility	Number of Personnel	Dollars
35. (cont.) Three additional clerks will also be needed: Hartford District Office - 1 Bridgeport " " - 1 Division Central Office - 1				
36. The Division of Vocational Rehabilitation should make its school counselor service conditional upon the removal of any architectural barriers remaining in the schools. Barriers should be pointed out to the schools by the Division.	C	Bureau of Community and Institutional Services	Present Staff	--

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

D. INTERAGENCY COORDINATION	Priority	Implementation		
		Responsibility	Staffing Requirements	
Recommendations:			Number of Personnel	Dollars
37. The Division of Vocational Rehabilitation should, as a service to all State agencies, conduct a survey to determine precisely which client information these agencies require. The willingness and ability of agencies to supply information should also be determined.	C	Research and Statistics	Present Staff	--
38. The Division of Vocational Rehabilitation should request that the Training Division of the State Personnel Department take responsibility for initiating an interagency staff training and recruitment program.	C	Director of the Division of Vocational Rehabilitation	Present Staff	--
39. The Division of Vocational Rehabilitation should organize committees composed of Division staff members and staff members of agencies with which the Division has written agreements, for the purposes of reviewing these agreements, periodically, and coordinating programs of services between agencies.	C	Director of the Division of Vocational Rehabilitation	Present Staff	--
		See Recommendation Number 24		

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

D. Interagency Coordination Recommendations:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
40. The Division of Vocational Rehabilitation should take the responsibility of maintaining, expanding, and coordinating the efforts of the Regional Committees formed by the Statewide Planning Project.	C	*Rehabilitation Services	Present Staff	--
41. The written agreement between the Division of Vocational Rehabilitation and the Connecticut State Employment Service must be updated to reflect the change in eligibility requirements expressed in the Federal Vocational Rehabilitation Amendments of 1968.	C	Director of the Division of Vocational Rehabilitation	Present Staff	--
42. The written agreement between the Division of Vocational Rehabilitation and the State Welfare Department must be amended to provide cooperative implementation of Federally legislated social rehabilitation programs. It is further recommended that guidelines for the operation of such programs become an integral part of this written agreement when they are appropriate. (cont.)	C	Director of the Division of Vocational Rehabilitation	Present Staff	--

*This activity should eventually be coordinated with the unit of Research, Development and Planning, and Information Services to be established within the proposed Commission of Vocational Rehabilitation Services.

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

D. Interagency Coordination (cont.) Recommendations:	Priority	Implementation Responsibility	Staffing Requirements Number of Personnel	Dollars
42. (cont.) The Division's present methods of referral, intake, and disposition of cases tend to be inadequate for the typical welfare recipient. The formal agreement between the Division of Vocational Rehabilitation and the Welfare Department should contain a modification of the referral procedure, the outreach, and the continuity of service.				

C - Current fiscal year
I - Interim (by 1970)
IR - Long range (by 1975)

F. ADMINISTRATIVE ASPECTS Recommendations:	Priority	Implementation		
		Responsibility	Staffing Requirements Number of Personnel	Dollars
43. The position of a Communications Specialist whose principal function would include dissemination of information to the Governor, the Legislature, employers, private agencies, the public, and clients (both past and present), should be established.	C	Director of the Division of Vocational Rehabilitation	1 Communications Specialist 1 clerk	9,320 5,000 14,320 per annum
44. A statistical analysis of expenditure through the year must be made, based on the history of previous expenditure. Previous experience should serve as a guide to expenditure of funds in specific periods. Statistical analysis would anticipate shortages in particular areas and indicate where re-allocation or re-assignment of funds must be made.	C	Research and Statistics	See Recommendation Number 59.	
45. The administrative unit in the Central Office should be composed of the following personnel: 1 Administrative Fiscal Officer IV 1 Accountant I 1 Personnel Assistant 2 Accounting Clerk II 1 Storekeeper II 3 Accounting Clerk I 3 Typist II	C	Director of the Division of Vocational Rehabilitation	1 Admin. Fiscal Off.IV 1 Acc't I 1 Pers. Asst 2 Acc'tng Clerk II 1 Storekpr II 3 Acc'tng Clerk I 3 Typist II	9,320 7,530 6,710 10,080 5,040 13,520 13,620 65,920 per annum

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

F. Administrative Aspects (cont.) Recommendations:	Priority	Implementation Responsibility	Staffing Requirements Number of Personnel	Dollars
46. Persons within the Division of Vocational Rehabilitation who are responsible for research should work closely with budget makers in forecasting of future budgets.	C	Research and Statistics	Present Staff	--
47. Major attention should be given to expansion of systems and operational research to provide counselors, supervisors, the Bureau of Rehabilitation Services, and the Director of the Division of Vocational Rehabilitation with relevant information concerning caseload distribution, geographical prevalence, and the amount and kind of activities within related and relevant public and private agencies. Also, information available from the R-300 Case Services Report should be used to make quarterly evaluation, by diagnostic category, of the services being rendered on a regional basis, to insure that services offered to various categories is commensurate with relative prevalence.	C	Research and Statistics	See Recommendation Number 59.	

C - Current fiscal year
I - Interim (by 1970)
IR - Long range (by 1975)

F. Administrative Aspects (cont.) Recommendations:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
48. Evaluative operational research activity should be initiated in order to gear caseload management directly to fluctuations in the labor market, on both short- and long-range bases.	C	Research and Statistics	See Recommendation Number 59.	
49. Local vocational rehabilitation offices, with initial staff comprising at least one counselor and one clerk, should be opened in each of the following towns: Putnam, Willimantic, Ansonia, and Manchester.	C I	Rehabilitation Services	4 counselors 4 clerks plus: rent & telephone	40,000 20,000 7,920 67,920 per annum
50. The various human welfare agencies should make a joint study of their working boundaries in order to achieve congruity with existing boundary definitions. Congruence of boundaries, where feasible, would strengthen working relationships among such agencies.	C	Research and Statistics	See Recommendation Number 59.	
51. The position of Personnel Recruitment Specialist should be created within the Division of Vocational Rehabilitation, and carry with it the responsibility for a continuous recruitment program to fill vacancies in the staff of the Division. (cont.)	I	Director of the Division of Vocational Rehabilitation	1 Personnel Recruitment Specialist 1 clerk	10,960 5,000 15,960 per annum

C - Current fiscal year
I - Interim (by 1970)
IR - Long rane (by 1975)

F. Administrative Aspects (cont.) Recommendations:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
51. (cont.) Working with appropriate agency personnel, this specialist would use national placement bulletins (such as NRCA and APGA), visit rehabilitation counselor training programs, and otherwise work to insure a constant availability of qualified professional personnel.				
52. Organizations, such as the State Department of Community Affairs, Poverty Programs at the local level, the Urban League, the National Association for the Advancement of Colored People, and others, should be approached by the Division of Vocational Rehabilitation for the purpose of recruiting indigenous, disadvantaged individuals to train for careers in the rehabilitation field. These people would be a valuable resource in terms of outreach and development of new programs to serve the disadvantaged sectors of the population, and could serve as a bridge between existing anti-poverty program effort and the work of the Division.	I	See Recommendation Number 51.		

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

F. Administrative Aspects (cont.)	Priority	Implementation		
		Responsibility	Staffing Requirements	
Recommendations:			Number of Personnel	Dollars
53. An immediate effort should be made to attract one Spanish-speaking staff member to each of the offices of the Division of Vocational Rehabilitation, in order to facilitate contact between the Division and the Spanish-speaking community in large urban centers. This may be done, at present, through normal employment patterns available to the Division, through proposed training programs for disadvantaged individuals, or, as an interim step, through organizations of Spanish speaking peoples active in urban areas. Some arrangement may be made for volunteers to act as interpreters, to serve on call, and to be used, in the interim arrangement, to make the services of the State agency more readily available to those having a language barrier. A long term training goal may be to train professionals in several areas of the State so that they acquire a proficiency in the Spanish language.	C	Rehabilitation Services	5 counselors	50,000 per annum
54. Additional training programs should be designed, with personal involvement as a primary ingredient, for staff members of the Division of Vocational Rehabilitation, including discussion groups and other group (cont.)	I	Director of the Division of Vocational Rehabilitation	1 Associate Personnel Technician 1 Training Officer 1 clerk	10,350 7,940 5,000 23,290 per annum

C - Current fiscal year
I - Interim (by 1970)
IR - Long range (by 1975)

F. Administrative Aspects (cont.) Recommendations:	Priority	Implementation		
		Respon-sibility	Staffing Requirements	
			Nummber of Personnel	Dollars
54. (cont.) techniques, in additional to the more traditional lecture form. The rationale for training is to keep staff cognizant of the growing body of knowledge and to provide a base for rehabilitation practices. Results of research projects, innovations in legislation, and broader definitions of disability create new demands upon staff members and emphasize the need for staff training programs. Identification of training needs should be systematic and ongoing. A Training and Staff Development unit should be established. See Chapter V of this report.				
55. Special training programs are recommended which will involve personnel from the Division of Vocational Rehabilitation, the Poverty Program, and disadvantaged persons from the larger, urban centers, in order that there may be a sharing of needs, abilities, and feelings on a personal contact basis.	I	Training and Staff Development	See Recommendation Number 54.	
56. Study of work relationships and the division of responsibility among professional and clerical workers in the Division of Voca- (cont.)	I	Training and Staff Development	See Recommendation Number 54.	

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

F. Administrative Aspects (cont.) Recommendations:	Priority	Implementation Respon-sibility	Staffing Requirements Number of Personnel	Dollars
56. (cont.) tional Rehabilitation should be ongoing.				
57. The Division of Vocational Rehabilitation should review implicit and explicit personnel utilization policies as they presently exist, with reference to caseload and counselor placement, in view of recommendations in this final report and the estimates of disability. Specific guidelines for counselors and supervisors must be established for their daily work. This is especially necessary because of broader definitions of disability included in the 1968 amendments to the Vocational Rehabilitation Act.	C	Rehabilitation Services	Present Staff	--
58. Present distribution of the caseload among Connecticut vocational rehabilitation counselors should be studied, especially with reference to age, sex, race, education, and the disability characteristics of each counselor's caseload. These factors, weighed in a manner to be devised, would be a first step in the establishment of the definition of a general caseload.	C	Research and Statistics	Present Staff	--

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

F. Administrative Aspects (cont.) Recommendations:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
59. Within Research, Development and Planning, and Information Services, a Research and Statistics unit should be established which would be responsible for basic and applied research as it relates to the vocational rehabilitation system. The activities of such a unit are summarized below: (1) Operational studies on practices, innovations, and systems of the Division (2) Establishment and maintenance of a case registry to facilitate studies conducted within the Division or by cooperating agencies (3) Establishment and maintenance of a clearinghouse on rehabilitation research within the State (4) Organization and conduct of research interchange sessions involving both practitioners and researchers (5) Provision of supervised field work experiences for trainees in rehabilitation research (6) Encouragement and support, by cooperating agencies, of applications of studies identified as necessary, by the Advisory Council, but (cont.)	C	Director of the Division of Vocational Rehabilitation	1 Research Analyst III 1 Research Analust I 1 Clerk Consulting Services	8,830 6,460 5,000 10,000 30,290 per annum

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

F. Administrative Aspects (cont.)		Implementation		
			Staffing Requirements	
Recommendations:		Responsibility	Number of Personnel	Dollars
59. (cont.) (6) (cont.) beyond reasonable scope of the Research unit.				
60. In order that appropriate administrative officials may be able to respond to current needs in rehabilitation, there should be a permanent Advisory Council on Research, the responsibilities of which would include policy and operational consultation in the identfication and conduct of rehabilitation research.	C	Director of the Division of Vocational Rehabilitation	Present Staff	--
61. A Program and Project Development function directly responsible to the chief executive officer of vocational rehabilitation should be established. It would strengthen and evaluate existing programs and projects and design new ones. See footnote to proposed organization chart on page 201.	LR	Director of the Division of Vocational Rehabilitation	1 Planner 1 Clerk	10,350 5,000 15,350 per annum
62. The Division of Vocational Rehabilitation should establish minimum acceptable standards for personnel and services supported by the Division in the State of Connecticut. Standards (cont.)	C	Bureau of Community and Institutional Services	Present Staff	--

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

F. Administration Aspects (cont.) Recommendations:	Priority	Implementation		
		Respon-sibility	Staffing Requirements	
			Number of Personnel	Dollars
62. (cont.) for personnel should be developed by cooperating representatives from each State Professional society whose members provide services to the Division.				

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

G. SPECIAL PLANNING TOPICS Recommendations:	Priority	Implementation		
		Responsibility	Staffing Requirements	
			Number of Personnel	Dollars
63. The Division of Vocational Rehabilitation should promote a program of education for architects in Connecticut to create an awareness of present legislation, of the importance of barrier-free construction, and to demonstrate that such barrier-free construction will not unduly increase costs, impair creativity, or be otherwise restrictive.	I	Communications Specialist	See Recommendation Number 43.	
64. The Division of Vocational Rehabilitation should provide financial support to those private agencies which need specially equipped vans and buses for transporting handicapped persons.	I	Rehabilitation Services	Present Staff	
65. The Division of Vocational Rehabilitation should arrange consortium agreements among private organizations in the larger urban areas to purchase one specially equipped van or bus for shared use by all agencies subscribing to the agreement.	C	Bureau of Community and Institutional Services	Present Staff	--

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

G. Special Planning Topics (cont.) Recommendations:	Priority	Implementation		
		Respon-sibility	Staffing Requirements	
			Number of Personnel	Dollars
66. The Division of Vocational Rehabilitation should consult with common carriers in the State concerning the possibility of providing access to their vehicles for disabled persons, including those in wheelchairs.	C	Director of the Division of Vocational Rehabilitation	Present Staff	--
67. A long-range training program should be planned for handicapped and disadvantaged persons to fill manpower needs associated with rehabilitation, health, welfare, public safety, law enforcement, and other public service agencies.	C	Rehabilitation Services	Present Staff	--
68. The Division of Vocational Rehabilitation in cooperation with the Governor's Committee on the Employment of the Handicapped, and commercial and industrial groups, should explore the possibility of establishing specialized training programs to meet the needs of handicapped and disadvantaged clients in the three large urban areas of Connecticut: Bridgeport, New Haven, and Hartford. Well-defined relationships should be sought so that cooperative training effort with business and industrial units will become operative.	C	Director of the Division of Vocational Rehabilitation	Present Staff	--

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

G. Special Planning Topics (cont.) Recommendation:	Priority	Implementation		
		Responsibility	Staffing Requirement	
			Number of Personnel	Dollars
69. The Division of Vocational Rehabilitation, in its Public Relations Program, should be charged with the responsibility of investigating the areas in need of preventive education, and of initiating such programs as the Division considers within its area of concern.	I	Research and Statistics and the Communications Specialist	See Recommendations Number 43 and 59.	

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

H. LEGISLATION Recommendations:	Priority	Implementation		
		Responbility	Staffing Requirements	
			Number of Personnel	Dollars
70 The Advisory **Committee** on Legislation presented two alternatives in considering the= future of the Division of Vocational Rehabilitation in Connecticut; that the Division be raised to independent commission status, or, alternately, that its position in the Department of Education be strengthened by the creation of position of Deputy Commissioner of Vocational Rehabilitation in the Department of Education. In light of these recommendations the Executive Committee of the Planning Council and the Project Staff strongly recommend that the Governor appoint a committee to study the future status of the Division of Vocational Rehabilitation.	LR I	Director of the Division of Vocational Rehabilitation	See Recommendations Number 43: Communications Specialist Number 54: Training and Staff Development Number 59: Research and Statistics Number 61: Program and Project Development See also Chapter V	
71. The General Assembly should be urged to remove the residence requirement for rehabilitation service. This amendment would meet the conditions set by Federal Legislation, allowing Connecticut to remain eligible for Federal funds for rehabilitation services.		Director of the Division of Vocational Rehabilitation	Present Staff	--

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

H. Legislation (cont.) Recommendations:	Priority	Implementation		
			Staffing Requirements	
		Responsibility	Number of Personnel	Dollars
72. The General Assembly should consider an amendment to the present State statute which would grant direct authority to the Division of Vocational Rehabilitation to implement special Federal Programs in vocational rehabilitation for the disadvantaged in Connecticut.	C	Director of the Division of Vocational Rehabilitation	Present Staff	--

C - Current fiscal year
I - Interim (by 1970)
LR - Long range (by 1975)

CHAPTER I

INTRODUCTION

A. Background Information on the Establishment of the Statewide Planning Program

In the summer of 1966, Governor John N. Dempsey accepted a two-year planning grant from the Vocational Rehabilitation Administration of the Department of Health, Education, and Welfare to develop a comprehensive plan for vocational rehabilitation in the State of Connecticut. This study, similar to those conducted in every state and territory of the United States, was designed to investigate the present status of rehabilitation and the growth which will be necessary to meet the growing need for this field of endeavor. Governor Dempsey designated the Division of Vocational Rehabilitation as the agency to carry out this study of the needs of disabled citizens. Thus, the Statewide Planning Project for Vocational Rehabilitation Services was begun in October 1966, with Dr. Westman appointed as Project Director. Other staff members were added in the spring of 1967.

B. Statement of Purpose

The purpose of the Project, a result of the increased power and scope granted by the Vocational Administration Act Amendments of 1965, is to develop a master plan for vocational rehabilitation services in the State, which will improve both the quality and the quantity of these services to the disabled of Connecticut. The disabled citizen is the central concern of the Project.

Vocational Rehabilitation is, moreover, clearly in the interest of all concerned. It is in the best interest of the individual because it provides economic independence and a sense of vocational competence, with the concomitant increase of self-esteem and human dignity which results from this process. It is in the interest of society, as it reduces social dependence and invests public monies in human resources. A recent cost benefit analysis conducted by the Rehabilitation Services Administration found that each of the clients served during 1966 will experience an increase of $35 in his earnings and value of work activity, over the period of his working life, for every dollar expended on him. He will return many times the amount spent on him to local, state, and federal tax coffers. The program has the advantage of being a humanistic activity which is also very sound fiscal policy.

The general purpose of the planning program is to remove barriers to employment for disabled citizens of Connecticut. In order to do this, several specific objectives are included;

1. To indentify by number and category those disabled citizens who are in need of vocational rehabilitation services, by use of past studies and reports, and by consultation with other agencies, and organizations concerned with rehabilitation.

2. To prepare a written plan which will identify, analyze, and evaluate program goals, the staff and finacial support needed to achieve these goals, with full geographic coverage by all programs offering vocational rehabilitation services.

3. To indentify the barriers which prevent or delay needed vocational rehabilitation services for the handicapped.

4. To indentify vocational rehabilitation resources required to meet future needs, including the necessary legislative action, community support, costs, and steps required to facilitate the achievment of statweide goals among the governmental and voluntary programs at state and local levels. These should be expressed in both interim and long-term goals.

5. To determine the ways in which governmental and voluntary programs may be coordinated and reorganized, if necessary, to develop services which will more effectively meet demonstrated needs.

These objectives are taken from the Rehabilitation Services Administration's Guidelines for Statewide Planning Projects for Vocational Rehabilitation Services.

C. Scope of the Program

The scope of the Statewide Planning Project is one which includes citizens, agencies, both public and private, and representatives from professional groups throughout the State. The geographical coverage includes, of course, the entire State, broken down into five districts, defined administratively by the Division of Vocational Rehabilitation as those districts centering around Hartford, New Haven, Bridgeport, Waterbury, and Norwich.

The scope of the planning effort includes taking advantage of past studies and working toward extended and improved services through the use of Regional Committees, Technical Advisory Committees, and the Planning Council for Vocational Rehabilitation Services. All disabilties are being included in the study, both physical and mental, as well as the problems of the socially, economically, and educationally disadvantaged.

There is a separate project, currently active within the State, which is studying Rehabilitation Workshops and Facilities; and this project is working closely with our own. The data collected through the separate project will be incorporated in the final report, but an effort has been made not to duplicate effort.

CHAPTER II

THE STATE PLANNING ORGANIZATION

A. Designated Organization

In a letter dated February 1, 1966, directed to Miss Mary Switzer, Commissioner of the Vocational Rehabilitation Administration*, Governor John N. Dempsey wrote, "I hereby designate the Division of Vocational Rehabilitation, State Department of Education, State Office Building, Hartford, Connecticut, as the Connecticut agency to administer the above program." The Connecticut Division of Vocational Rehabilitation subsequently applied for and received funds to set up the Statewide Planning Project for Vocational Rehabilitation Services.

B. Policy Board

During the initial year, the Citizens' Advisory Committee for the Connecticut Division of Vocational Rehabilitation, appointed by the State Board of Education, served as Advisory Committee for the Project, also. However, Rehabilitation Services Administration officials suggested that the Governor appoint a larger committee, with a nucleus of members of the Citizens' Advisory Committee, as a new policy-making board. As a result, on January 5, 1968, Governor Dempsey announced the appointment of the Planning Council for Vocational Rehabilitation Services which would serve for the lifetime of the study.

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* Since renamed the Rehabilitation Services Administration of the Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C.

H. Kenneth McCollam, Director
Board of Education & Services
for the Blind

*Miss Gertrude Norcross, Executive Director
Connecticut Society for Crippled
Children and Adults

Carmen C. Romano, Director
Dwight Project
New Haven Redevelopment Agency

*George E. Sanborn, Ph.D. Chief
Office of Departmental Planning
Department of Education

*Miss Ann Switzer, Executive Director
Connecticut Association for
Retarded Children, Inc.

George R. Walker, M.D. Coordinator
Comprehensive Health Planning
Department of Health

Thomas Voczik, Chief
Apprentice Training Division
Labor Department

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*Member of Executive Board

C. Technical Advisory Committees

Five Technical Advisory Committees were formed, the chairman of each an expert in the field involved. Each chairman then selected his own committee to gather material and make recommendations to the Project Staff. The topics covered include Legislation, Research, Inter-agency Cooperation, Job Market and Manpower, and Incidence of Disabilities.

The work of the Technical Advisory Committees was facilitated by the technical skills and experience which they brought to their meetings. They did not require extensive orientation on the subject matter with which they were dealing; all that was necessary was a briefing on what would be expected of them, specifically with regard to the work of this Project. Bi-weekly meetings were planned to take place after the initial meetings. A list of names and affiliations was composed after all the nominees had been contacted by the respective chairmen, and this was returned to the Project Staff. A letter was sent out over the signature of the Policy Committee Chairman, Mr. Joseph Ress, formally requesting their participation.

TECHNICAL ADVISORY COMMITTEE ON THE INCIDENCE OF DISABILITIES

Chairman

Miss Gertrude Norcross, Executive Director
Connecticut Society For
Crippled Children and Adults

John C. Allen, M.D. Physiatrist
Department of Physical Medicine
Hartford Hospital

Harold S. Barrett, M.D.
Deputy Commissioner
Public Health Department
Connecticut

H. Kenneth McCollam, Director
Board of Education & Services
For the Blind

TECHNICAL ADVISORY COMMITTEE ON INTER-AGENCY COOPERATION

Chairman

Lorraine R. Loiacono
Chief, Medical Social Services
State Welfare Department

Herbert A. Anderson, Executive Vice President
Connecticut Hospital Association

Sholom Bloom, Executive Secretary
Commission on Services for Elderly Persons

Richard K. Conant, Jr., Project Director
Lower Naugatuck Valley Health Education Demonstration Project
Griffin Hospital

Arthur L. DuBrow, Director Community Services
Office of Mental Retardation
State Department of Health

Joseph P. Dyer, Director, Program Management & Supporting Services
State Department of Community Affairs

Joseph R. Galotti, Assistant Chief
Bureau of Rehabilitation Services
Division of Vocational Rehabilitation
State Department of Education

Harold E. Hegstrom, Administrator
Jail Administration
State Department of Correction

Kenneth E. Jacobs, Consultant for the Physically Handicapped
Bureau of Pupil Personnel and Special Education Services
State Department of Education

Nicholas R. Leaycraft, Staff Supervisor of Services to the Handicapped
State Employment Service

Miss June Sokolov, Executive Director
The Hartford Rehabilitation Center

Kenneth W. Smith, Acting Chief
Public Health Social Work Section
State Department of Health

Miss Josephine Verrengia, Medical Social Work Consultant
State Welfare Department

George R. Walker, M.D., Coordinator
Comprehensive Health Planning
Department of Health

TECHNICAL ADVISORY COMMITTEE ON JOB MARKET AND MANPOWER

Chairman

Joseph P. Dyer
Director
Program Management & Supporting Services

Stephen W. Berman, Director
Manpower Employment & Services
Community Renewal Team, Hartford

William J. Brown, Executive Director
Urban League, Hartford

Lawrence Carni
State Labor Department, Wethersfield

Frank Connell
The Bridgeport United Fund

Mrs. Mary M. Dewey, Director
Connecticut State Employment Service
State Labor Department, Wethersfield

Kenneth Ford, Secretary-Treasurer
State Building and Construction Trades Council, Wallingford

Thurman M. Fribance, Personnel Manager
R. R. Donnelly and Sons Company, Saybrook

Alfred H. Horowitz
State Labor Department

Nicholas Leaycraft
Employment Service for the Handicapped

Harold T. LeMay
Pratt and Whitney Tool Company

Olof Lostrand, Vice President
R. R. Donnelly and Sons Company, Saybrook

Carmen Romano, Director
Dwight Project
Redevelopment Agency

Henry Silverman, Business Manager
  Sheet Metal Workers' Local 40, Hartford

Roger S. Skelly
  Connecticut State Employment Service

Richard M. Spector, Supervisor
  Labor Information
  Employment Security Division
  State Labor Department

Richard Woodruff, President
  Waterbury Central Labor Council, Wolcott

Thomas Yoczik, Chief
  Apprentice Training Division
  State Labor Department

TECHNICAL ADVISORY COMMITTEE ON LEGISLATION

Chairman

Miss Ann Switzer
Executive Director
Connecticut Association for Retarded Children

David K. Bounick, Assistant to the Commissioner
  Mental Health Department

Raymond W. Brunell, Jr., Executive Director
  Connecticut Association for Mental Health

Thomas Dowd, Jr.
  Trumbull

Mrs. Glenn Farmer
  Old Saybrook

Raymond Fitzpatrick, Executive Director
  Waterbury ARC

Daniel I. Fletcher
  State Commission on Human Rights and Opportunities

Joseph R. Galotti, Services Specialist
  Division of Vocational Rehabilitation, Hartford

William F. Hill
  Veteran Employment Representative
  State Department of Labor

Mrs. Helen Loy
Loy Associates, Hartford

James F. Morrison, Chief of Staff Services
State Welfare Department

C. Perrie Phillips
Commissioner of Personnel
State Office Building

Dr. George E. Sanborn
Office of Departmental Planning
State Department of Education

Mrs. Gloria Schaffer, State Senator
Woodbridge

Dr. Wesley C. Westman
Statewide Planning Project for Vocational Rehabilitation Services

TECHNICAL ADVISORY COMMITTEE ON RESEARCH

Chairman

John Cawley, Ph.D.
University of Connecticut
Rehabilitation Counselor Training Program

John S. Burlew, Ph.D., Director
Connecticut Research Commission

William M. Cowell, Pharmacist
Stamford Hospital

John T. Flannery, Research Analyst
Welfare Department

Harris Kahn, Ph.D., Director
Rehabilitation Research Training
University of Connecticut

Merton S. Honeyman, Ph.D.
Office of Mental Retardation

Alfred H. Horowitz, Director
Connecticut Labor Department

Wilson Fitch Smith, M.D., Member
Advisory Board for Hartford Rehabilitation Center

Leo Sperling, Director of Research and Evaluation Developmental Program
Board of Education, Bridgeport

D. Regional Committees

Five Regional Committees, representing each of the districts, were formed in the summer of 1967. Each group purported to be a cross-section of the region, including representatives of related agencies, rehabilitation-related professionals, employers, labor unions, legislators, and private citizens interested in the growth of rehabilitation services. Members of the Advisory Committee, Vocational Rehabilitation personnel, and members of the Project Staff presented names of possible members, who were then invited to become part of the group. Once formed, each regional committee studied the special Vocational Rehabilitation needs of its particular region, recommending the proper approaches for expansion of services to meet the needs peculiar to that area.

In their monthly meetings, each attended by a member of the Project Staff (ex officio) acting as a resource person, a pattern developed which demonstrated the great value of such gatherings... For example, all five committees were interested in greater interagency cooperation, and in educating the public in the scope of Vocational Rehabilitation. On the other hand, each committee mirrored the essential qualities of its own region[1], three largely engrossed in urban problems, the others more concerned with rural and institutional issues.

Membership of each committee increased, as the year advanced, to include a wider sampling of the region, as members began to realize the necessity for covering all phases of life in each section. The final reports of each committee will be found in Chapter III of Volume II of this report.

Names of committee members are listed on the following pages.

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[1] Appendix, Chapter III

BRIDGEPORT REGIONAL COMMITTEE

Chairman

Edmund McLaughlin
Executive Director
Rehabilitation Center of Eastern Fairfield, Bridgeport

James R. Adair
Goodwill Industries, Bridgeport

Warren C. Bower, Ph.D.
Meriden

Mrs. Lillian Craig
State Labor Department
Youth Opportunity Office, Bridgeport

H. Philip Dinan, Jr., M.D., Administrator
Office of Humane Affairs, Bridgeport

Mrs. Marie Gall, Director
Kennedy Center, Bridgeport

Harold E. Johnson, Jr., Vocational Rehabilitation Supervisor
Division of Vocational Rehabilitation, Bridgeport

Mrs. Edna Jones
Wilton

Mrs. Karen Kagey, Executive Director
Society to Advance Retarded Center, Norwalk

Mrs. Charlotte Kaufman, Executive Director
Family Life Film Center of Connecticut
Fairfield University

Paul A. Lane, Ph.D., Director
H. P. Dinan Evaluation Center, Bridgeport

J. Leonard Lyons, Vocational Rehabilitation Supervisor
Division of Vocational Rehabilitation, Bridgeport

Paul G. Littlefield, Assistant Director
Aid to Retarded Children, Stamford

William M. Metzger, Director
Danbury Association to Advance Retarded

Miss Ruby Oscarson, Director
Rehabilitation Center of Southern Fairfield County, Stamford

Louise Soares, Ph.D.
  University of Bridgeport

Mrs. E. B. Thompson
  Action Bridgeport Community Development

Mrs. Sylvia Trachtenberg, Counselor
  Division of Vocational Rehabilitation
  Central High School, Bridgeport

George J. Trent, District Supervisor
  Division of Vocational Rehabilitation, Bridgeport

Ralph S. Welsh, Ph.D.
  Bridgeport

Hugh Wentworth
  Community Council, Stamford

Ansley Whatley, Director of Workshop
  Society to Advance Retarded Center, Norwalk

HARTFORD REGIONAL COMMITTEE

Chairman

Mrs. Sophie Myrun
Special Education Teacher
West Hartford

Michael Abdalla, Science Coordinator
  Canton High School

Richard E. Clancy
  Hartford Board of Education

William Duncan, Chief
  Vocational Rehabilitation Section
  Board of Education for the Blind

Norman Fendell, Director
  Sheltered Workshop, Manchester

James S. Fiske, Business Manager
  Hartford Rehabilitation Center

Mrs. Marie Franceur
  West Hartford

Clarence Goranson
  West Hartford

Mrs. Madelyn Huntington
Cerebral Palsy Association, Hartford

Mrs. Alice P. Irwin, Treasurer & Production Manager
Hartford Element Company

Kenneth E. Jacobs, Pupil Personnel
Department of Education, Hartford

Robert Jemiolo, Director
Mansfield Social Adjustment Project, Hartford

John J. Killian, Pupil Services
West Hartford Board of Education

Harold T. LeMay
Vice President, Industrial Relations
Chandler Evans, Inc.

Robert Lempke
Industrial & Public Relations Manager
North & Judd Manufacturing Company

Richard May, Counselor Supervisor
Youth Opportunity Center, Hartford

John McIntosh, D.V.M.
Kensington

Philip M. Morse, Ph.D.
Clinical Psychologist
Veterans Administration Hospital, Newington

Julian Perlstein, Vocational Rehabilitation Supervisor
Division of Vocational Rehabilitation

Kenneth L. Poirier
Hartford Regional Center, Newington

Norman Reich, Executive Director
Capitol Region Mental Health Association, Hartford

* Thomas B. Ritchie
Greater Hartford Community Council

Lawrence Rudd, Instructor of Mentally Retarded
Long Island, New York

Mrs. Edgar T. Sloan, Secretary
Hartford Rehabilitation Center

Edward C. Swift, District Supervisor
Division of Vocational Rehabilitation, Hartford

* Deceased, September 7, 1968

Mrs. Margaret Tedone
Board of Education, Hartford

Sister Theresa Ann, Associate Director of Social Services
St. Francis Hospital

William P. Ward, Coordinator of Special Education
Newington Board of Education

NEW HAVEN REGIONAL COMMITTEE

Chairman

Albert Calli
Director
New Haven Rehabilitation Center

Robert E. Becker, M.D., Director of Rehabilitation
Connecticut Mental Health Center, New Haven

Randall B. Blanchard
New Haven Regional Center

Miss Edith Carnes
Hamden

Joseph J. Colombatto, Director
New Haven Regional Center

Richard K. Conant, Jr., Project Director
Health Education Demonstration Project
Griffith Hospital, Derby

Peter P. Corato, District Supervisor
Division of Vocational Rehabilitation

Mrs. Nicholas D'Esopo, Superintendent, Clinical Social Worker
Social Service Department
Veterans Administration Hospital, West Haven

George D. Dorian, M.D., Director of Physical Medicine & Rehabilitation
Hospital of St. Raphael, New Haven

Mrs. Helen Fish
New Haven Regional Center for Retarded

Walter W. Glinski, Executive Director
Regional Training Center & Sheltered Workshop, Meriden

Francis P. Guida, M.D.
New Haven

Frank Harris, Executive Director
Community Council of Greater New Haven

Miss Louise Kingston, Counselor-Interviewer
Connecticut State Employment Service

Miss Blanche Miller
Community Progress, Inc., New Haven

Alfred O'Dell, Personnel Manager
Hersey Metal Products, Inc., Ansonia

Carl Puleo, Executive Director
Goodwill Industries of Central Connecticut, New Haven

Henry J. Rhode
Division of Vocational Rehabilitation, New Haven

Murray Rothman, Director
Pupil Service, Beecher School, New Haven

Jack Sage
Community Council of New Haven

Michael Tarantino, Executive Director
Tuberculosis & Health Association of New Haven Area

Miss Joyce Willard, Rehabilitation Coordinator
Gaylord Hospital, Wallingford

George Zitay
Central Connecticut Regional Center, Meriden

NORWICH REGIONAL COMMITTEE

Chairman

Earl J. Peters
Supervisor of Vocational Rehabilitation
Seaside Regional Center, Waterford

George Ambulos, Counselor
Connecticut State Employment Service

Samuel Bean, Employment Counselor
Connecticut State Employment Service, Norwich

Joseph A. Capon, Association Director
United Fund Community Service of South Eastern Connecticut

Joseph A. Carano
Division of Vocational Rehabilitation
Bureau of Community & Institutional Services, Hartford

Mark Driscoll
State Welfare Department, Norwich

Donald Farrington, Executive Director
United Workers of Norwich

Kenneth Gunderman
Thames Valley Council for Community Action, New London

Mrs. Prudence Kwiecien
Information and Referral Director
Quinebaug Valley Services of Health & Welfare, Putnam

Roger Newcomb
Easter Seal Center, Uncasville

Joseph R. Portelance, Supervisor
Physical Therapy Department
Uncas-On-Thames, Norwich

Dr. Mila Rindge, Director
South Eastern Regional Center
State Department of Health, Norwich

Hollis Shaw
Rehabilitation Program Coordinator
Mansfield Training School

Thomas Ulrich, Director
Easter Seal Center, Uncasville

H. Clay White, District Supervisor
Division of Vocational Rehabilitation, Norwich

Mrs. Brenda Williams
Thames Valley Council, New London

WATERBURY REGIONAL COMMITTEE

Chairman

Lester Greene
Executive Director
Cerebral Palsy Association of Waterbury

Miss Nancy M. Ballantine, Director
  Social Service Department
  Bristol Hospital

Joseph Barrante
  Superintendent of Welfare, Torrington

C. Arthur DuBois
  Waterbury

George R. Fehrs, Business Manager
  Southern New England Telephone Company, Waterbury

Raymond J. Fitzpatrick, Executive Director
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Robert Grierson, Employment Counselor
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Werner V. Hasler, Social Worker
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Allen Inger
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John J. Jernigan, District Supervisor
  Division of Vocational Rehabilitation, Waterbury

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Kenneth F. Knott, Labor Representative
  United Council & Fund of Greater Waterbury

Francis L. Lago
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Guido LaGrotta, Representative
  Warren

Miss Mary Martin, Supervisor
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John Moore, Jr., Director
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Mrs. Harold N. Prout, Executive Secretary
Mental Health Association of Northwestern Connecticut, Torrington

Joseph C. Reutkewich, Mayor
Borough of Naugatuck

John Roberts, Director
Pearl St. Neighborhood House, Waterbury

Anthony Russo
Torrington

Alvin Singleton,- Manpower Administrator
New Opportunities for Waterbury, Inc.

Mrs. Wilbur Trask, Executive Secretary
Mental Health Association of Central Naugatuck Valley, Inc.

James Tyrell, Adult Education Supervisor
Wilby High School, Waterbury

David A. Urich, Director
Northwestern Regional Center, Torrington

Donald Wise, Executive Director
Waterbury Area Rehabilitation Center

Peter Wotten
Mental Health Planning Council of Central Naugatuck

Mrs. Ford Wulfeck
Naugatuck

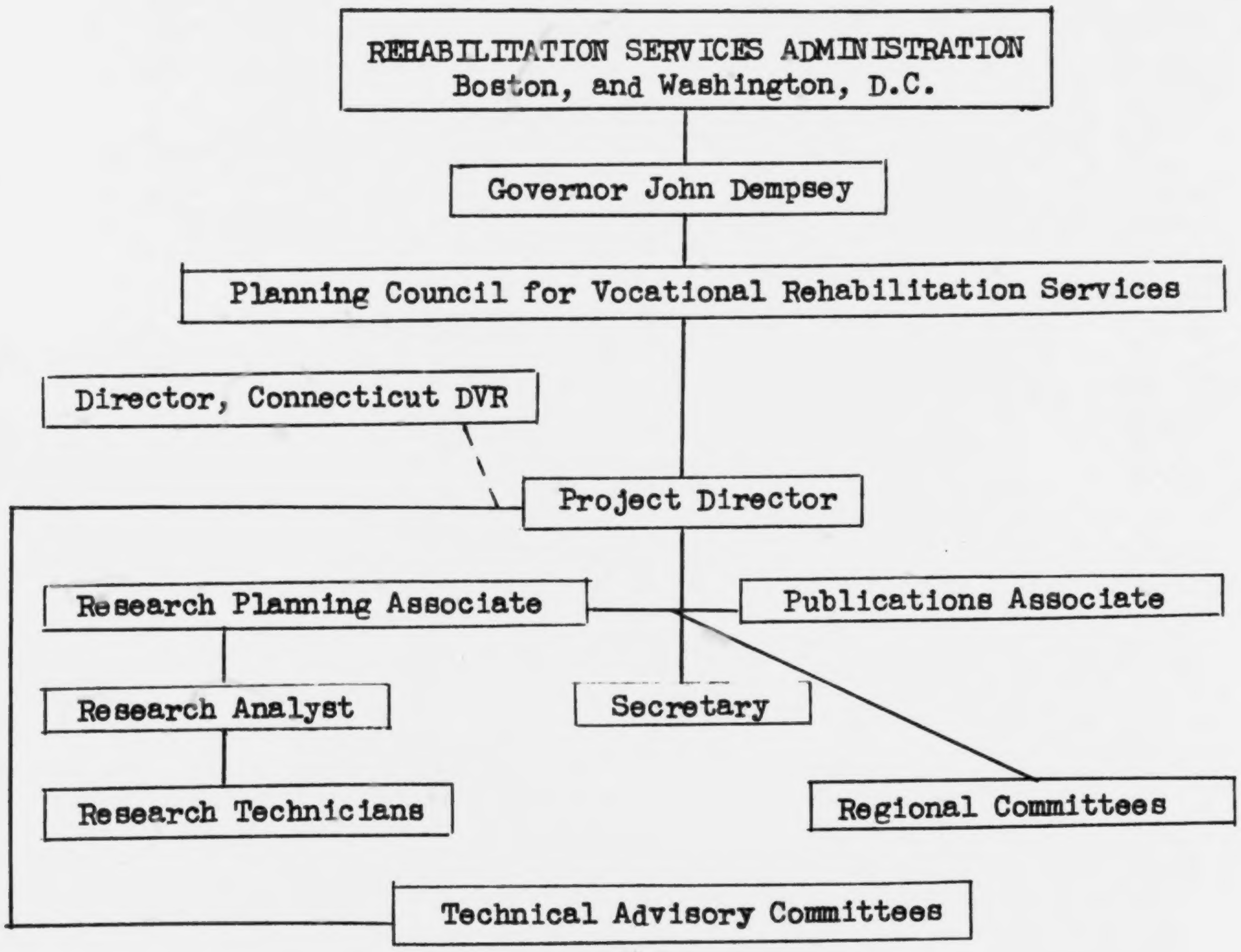
E. Sub-contractors and Other Agencies Given Planning Functions

The only sub-contract work within the scope of the Connecticut Statewide Planning Project for Rehabilitation Services was with the State Computer Center. On a contractual basis, this center furnished data-processing and programming services based upon the needs of the Project. Present print-outs include cost data for the entire fiscal year ending July 1, 1967. Other reports and forms are being developed for use within the systems model.

F. Inter-agency Liaison

(Covered under "C" above.)

G. Organizational Chart - Statewide Planning Project


REHABILITATION SERVICES ADMINISTRATION
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Governor John Dempsey
Planning Council for Vocational Rehabilitation Services
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CHAPTER III

METHOD OF OPERATION

In setting the design for the Statewide Planning Project, it was necessary to consider the relative merits of regionalized planning and the task force approach. The tradition of regionalized planning initially established by the Connecticut Development Commission was also used by the Statewide Mental Health Project. On the other hand, the Mental Retardation Study used a task force approach, keeping the regional approach intact by recommending priorities based upon regional needs. It was finally decided to adapt both approaches to the specific needs of Vocational Rehabilitation,

The Vocational Rehabilitation Districts in this State are mixtures of urban-suburban centers and rural centers. The crescent-shaped population center proceeding from New York City through Stamford, Bridgeport, and New Haven, turns northeastward at New Haven, proceeding to Hartford. The three District Offices, at Bridgeport, New Haven, and Hartford, are urban-suburban centers of activity, but the Norwich and Waterbury offices serve rural populations, with some admixture of urban. It was obvious that such wide regional dissimilitude would require regional planning as the cornerstone of the Project. At the same time, it was clear that there was a need for technical advice from professionals with special knowledge and skills in the areas of primary concern to the State.

Consequently, a plan was developed to organize and orient a group of five regional committees congruent with the regions served by the District Offices of the Division of Vocational Rehabilitation. There were at least five other existent breakdowns available, all of which involved more districts or regions than the one chosen; and, in the case of one region (Waterbury), perhaps some other means of division would have been more useful, since the Waterbury region contains both the Naugatuck Valley, centered in the City of Waterbury itself, and the Torrington area, possessing entirely different problems and planning. However, because of time and staff limits, it was decided that these Vocational Rehabilitation regions would serve the purposes of the Project best, as the Director of each District Office would be available as a resource person, serving ex-officio on each committee.

Once organized, the Regional Committees met each month to discuss the needs of each individual region. As the year advanced, several of these committees divided into sub-committees, meeting during the month and reporting to the main Committee at the monthly gatherings. In the course of attendance at these monthly meetings, staff members gained an increased appreciation of the Regional approach; each committee developed topics peculiar to its own area, yet some themes recurred in every group, --- mainly, the larger issue of interagency cooperation and coordination and the need for education of the general public in the aims and usages of Vocational Rehabilitation. Twice during the course of the Project, Chairmen of the five committees met with the Executive Council, the first time to report their progress, and to assist in the planning of the Public Hearing. At the second meeting of the Executive Council and the Regional Chairmen, a decision was made that these Regional Committees continue to hold a watching brief, -- i.e., serve in a coordinating and planning function -- in each District, under the auspices of the newly established Research, Planning, and Development organization which is an outgrowth of the Statewide Planning Project.

During the last year of the Project, Technical Advisory Committees were formed to study the five fields of Interagency Cooperation, Prevalence of Disabilities, Job Market and Manpower, Research, and Legislation. These committees, each with a chairman selected by the Director and the Executive Committee, and comprised of experts in each of the five fields, reported in depth on each of the topics, adding considerably to the factual and conceptual material necessary for the study.

During the entire term of the Project, the work of the Staff was about evenly divided between research and establishing common ground on which to meet with professionals in fields related to rehabilitation and with the general public, in order to lay a groundwork for continuing cooperation among agencies and the public, which is so necessary if the public is to be properly serviced by Vocational Rehabilitation.

The research unit, supervised by the Associate Project Director, provided statistical material for the Regional and Technical Committees and carried through the long and arduous task of compiling the necessary data for the final report.

Meanwhile, the editorial unit, in addition to forming and working with the Regional Committees through the newsletter and similar informational releases, was establishing a method of communication among related agencies.

As part of its ongoing service, the Research, Planning, and Development Unit, an outgrowth of the Statewide Planning Project, has scheduled the establishment of a library of pamphlets, articles, and other publications related to the field of rehabilitation, which will be available to professionals and students who may be in search of such information.

CHAPTER IV

FINDINGS AND RECOMMENDATIONS

A. ESTIMATES OF THE PREVALENCE OF HANDICAPPED PERSONS BY CATEGORY PROJECTED TO 1975

Determination of that portion of the population which is vocationally disabled is difficult, given the many factors which influence the employment of an individual. The estimates of diability which follow reflect as many primary sources of data as possible. Terminology used by the National Health Survey has been used to identify, in Connecticut, the prevalence of chronic conditions, those whose major activity is limited or prevented, and finally, those whose major activity is prevented. This latter group, numbering 110,300, is considered to be the group eligible for vocational rehabilitation. This eligibility is based upon the following requirements:

(1) the presence of a physical or mental disability

(2) the existence of a substantial handicap to employment

(3) a reasonable expectation that vocational rehabilitation services may render the individual fit to engage in a gainful occupation

In addition to those eligible because of physical and mental disabilities, the 1968 Amendments to the Federal Vocational Rehabilitation legislation extend evaluation and work adjustment services to those who are socially and culturally disadvantaged. This group includes

> Individuals disadvantaged by reason of their youth or advanced age, low educational attainmnents, ethnic or cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment, and

> other members of their families when the provision of vocational rehabilitation services to family members is necessary for the rehabilitation of an individual as described above.

It is estimated that there are approximately 37,000 such persons in the State of Connecticut. Part of this latter group may also be included among those who are physically disabled, particularly since the various health surveys report that physical disabilities are more common among the economically disadvantaged. At this time, no reasonable estimate of the overlap between the physically disabled and the socially and culturally disadvantaged can be made. Accordingly, for the purposes of this study, there are in Connecticut 110,300 persons physically disabled, and 37,000 persons socially and sulturally disadvantaged who may be eligible for vocational rehabilitation services. Because of the difficulties in identifying those who are eligible for vocational rehabilitation services, the estimates of the future demand for these services must be carefully examined.

> RECOMMENDATION 1: *In planning and programming for the immediate future, it is recommended that present estimates of disability be used. For the future, Vocational Rehabilitation should explore with appropriate agencies and institutions the feasibility of a uniform reporting system that would record prevalence of the various disability categories to the extent that is possible for the benefit of interested agencies and professional groups.*

> RECOMMENDATION 2: *Systematic research must be designed to establish as firmly as possible the dimensions (size-number) of the problem categories of disabilities and to explore the extent of the wider population to be served resulting from the definitions in the 1968 Amendments, including*

> *minority groups, youth, the aged, criminals or delinquents, and related categories of disability.*

It is essential that nore accurate estimates of rhe number eligible for vocational rehabilitation services be made, since budgets and personnel requirements are contingent upon the nature of the population to be served. In addition, the nature of the caseload served also determines the benefits which flow from the vocational rehabilitation program. A study was made of the correlation between the active caseload in Connecticut as of October 1968 and the numbers of persons whose major activity was prevented. This correlation between the rehabilitants in Connecticut in 1967-1968 and the active caseload, was +.37. These data indicate that both the distribution of the active caseload and the rehabilitants is only a partial reflection of the groups in Connecticut whose major activity is prevented because of physical or mental causes. As noted by the report of the Waterbury Regional Commitee,

> It is surmised that the discrepancies which appear to exist between the prevalence of disability in the population and the number reaching the Division of Vocational Rehabilitation exist because:
>
> a. Certain disabilities are diagnosed more readily, earlier, and with less embarrassment than others.
>
> b. Certain disabilities are more readily accepted by the rehabilitation professionals because of such arying factors as faborable prognosis, emotional appeal, or readiness of industry to cooperate in rehabilitation.
>
> c. Certain disabilities require special coordinating techniques in the delivery of services involving special management by both the referral and the rehabilitation agency.

TABLE A-1

PREVALENCE OF CHRONIC CONDITIONS IN CONNECTICUT AND EFFECT ON MAJOR ACTIVITY ALL AGES

1967

VRA CODES	DISABILITY	PREVALENCE OF CHRONIC CONDITIONS*	MAJOR ACTIVITY LIMITED OR PREVENTED**	MAJOR ACTIVITY PREVENTED***
100-119	Blindness	3,500[1]		300
120-149	Other Visual Impairments	34,600[2]	18,400	9,200
200-229	Deafness and Other Hearing Impairments	14,600[3]	7,200	3,200
300-399	Orthopedic Deformity or Functional Impairment	248,700[4]	116,700	29,400
400-449	Absence or Amputation of Major and Minor Members	2,200[5]	700	700
500 510 520 521 522	Psychotic Disorders Psychoneurotic Disorders Alcholism Drug Addiction Other Character, Personality and Behavior Disorders	150,000[6]	23,400	7,400
530-534	Mild, Moderate, and Severe Mental Retardation	22,500[7]	13,800	7,400
600-609	Cancer	22,500[8]		100
610-619	Allergic, Endocrine System, Metabolic and Nutritional Diseases	49,000[9]	21,700	6,100
620-629	Diseases of the Blood and Blood-Forming Organs		NO ESTIMATE	
630	Epilepsy	30,000[10]		700

Continued

VRA CODES	DISABILITY	PREVALENCE OF CHRONIC CONDITIONS*	MAJOR ACTIVITY LIMITED OR PREVENTED**	MAJOR ACTIVITY PREVENTED***
639	Other Disorders of the Nervous System		NO ESTIMATE	
640-644	Cardiac Conditions	150,000[11]	53,600	17,500
645-649	Other Circulatory Conditions	89,300[12]	40,700	10,000
650-659	Respiratory Diseases	37,000[13]	17,300	4,900
660-669	Disorders of the Digestive System	64,200[14]	31,000	8,300
670	Conditions of the Genito-Urinary System	33,100[15]	15,200	4,100
680-689	Speech Impairments	8,800[16]	1,100	1,000
690-699	Others Not Elsewhere Classified		NO ESTIMATE	
	TOTALS[17]	960,000	360,800	110,300

SOCIALLY AND CULTURALLY DISADVANTAGED	APPROXIMATELY 37,000 PEOPLE WOULD BENEFIT BY VOCATIONAL REHABILITATION OR MANPOWER SERVICES.[18]

---

* In the National Health Survey individuals who had chronic conditions reported an average of two conditions per person. Each estimate represents one-half of the total prevalence of chronic conditions in Connecticut. All estimates were rounded to the nearest hundred.

** In the National Health Survey individuals who had chronic conditions which limited or prevented their major activity reported an average of 3.25 of these conditions per person, therefore the total number of chronic conditions reported which limited or prevented major activity was divided by 3.25 to arrive at the estimates. All estimates were rounded to the nearest hundred.

***In the National Health Survey individuals who had chronic conditions which prevented their major activity reported an average of 3.5 of these conditions per person, therefore the total number of chronic conditions reported which prevented major activity was divided by 3.5 to arrive at the estimates. All estimates were rounded to the nearest hundred. In several cases more refined data on eligibility were available. See footnotes 1,7, and 10.

Footnotes:

[1] State of Connecticut, The Board of Education and Services for the Blind Registry listed 3,523 blind in Connecticut as of March, 1968. The Board estimated that about 600 blind in Connecticut between the ages of 16 and 60 are unemployed, or their major activity is prevented; 300 of these are presently on the rehabilitation case load. The Board estimated that approximately 300 blind are eligible for and are not receiving rehabilitation services. Since the blind are served separately in Connecticut, these figures have not been deflated for multiple handicaps.

[2] U.S. Department of Health, Education, and Welfare, Public Health Service, Chronic Conditions and Activity Limitation, United States - July 1961 - June 1963, Vital and Health Statistics, Data from the National Health Survey; National Center for Health Statistics, Series 10, No. 17, p. 3, estimates that 44.1% of the general population have chronic conditions:

44.1% x 3,000,000 (the estimated Connecticut population) =
1,323,000 (the total number of chronic conditions in Connecticut)
x 5.5% (the percentage of chronic visual conditions estimated from chronic conditions) =
72,765 (the total number of visual impairments in Connecticut)
- 3,523 (blind in Connecticut)
69,242 (the total number of non-blind visual impairments in Connecticut)

Visual conditions which limit the amount or kind of major activity = 63,398 - 3,500 blind = 59,898. Visual conditions which prevent major activity = 32,678 - 600 blind = 32,078.

[3] From Chronic Conditions, p. 13, it was estimated that 2.2% of the 1,323,000 with chronic conditions or 29,106 have hearing impairments including deafness. The number of conditions which limit or prevent major activity=23,457. Conditions which prevent major activity = 11,312.

[4] From Chronic Conditions, p. 13, the following chronic conditions which would normally be considered orthopedic were estimated:

Arthritis and Rheumatism:
14.8% x 1,323,000 = 195,804

Other diseases of muscles, bones and joints:
3.6% x 1,323,000 = 47,628

Paralysis, complete or partial:
4.0% x 1,323,000 = 52,920

Impairments of back or spine (except paralysis):
7.5% x 1,323,000 = 99,225

Impairments of upper extremities (except paralysis):
1.5% x 1,323,000 = 19,845

Impairments of lower extremities and hips (except paralysis):
6.2% x 1,323,000 = 82,026

Total 497,448

Orthopedic conditions which limit or prevent major activity = 379,291.
Orthopedic conditions which prevent major activity = 102,810.

[5] U.S. Department of Health, Education, and Welfare, Public Health Service, *Selected Impairments by Etiology and Activity Limitation, United States, July 1959 - June 1961*, Health Statistics from the National Health Survey, Series B, No. 35, p. 1, gives 1.5 per 1,000 of population as an estimate of the number with absent major extremities. 150 x 30 = 4,500 (based on an estimated 3,000,000 population in Connecticut) 51.4% of these 4,500 conditions cause major activity limitation or partial activity limitation, 51.4% x 4,500 = 2,313. The number of conditions which prevent major activity is not known so the number of conditions with partial or major activity limitation was used. The Committee on Prosthetic Orthotic Education, National Research Council, reported that an estimated 60% of fitted amputees are over the age of 50, so many amputees are likely not to be eligible. A facility case record study is being completed by the National Research Council; however the complete results of this study are not yet available. Between October 1, 1961, and September 30, 1963, a study by H.W. Glattly for the National Research Council reported 12,000 new amputations (stumps which had never before been fitted) for the entire U.S. If the number of amputees is spread evenly over the population, then Connecticut's share of the 12,000 for two years would equal approximately 170:

$$\frac{\text{2,500,000 Connecticut 1960 census population}}{\text{180,000,000 United States 1960 census population}} = 1.4\% \times 12{,}000 = 170$$

Therefore, the estimate of 700 amputations may be somewhat low.

[6] State of Connecticut, Department of Mental Health, Joseph A. Clapis, Chief, Statistics, made an estimate of 300,000 mental disorders in Connecticut based on the assumption that 10% of the total population is "mentally disordered." Of the mental disorders, Mr. Clapis estimates that 3 of every 10 are personality or character disorders. From *Chronic Conditions*, p. 13, it was estimated that the number of mental and nervous conditions which limit or prevent major activity is 75,900. Those conditions which prevent major activity = 25,891. From *Chronic Conditions* it was estimated that the total number of nervous and mental conditions is 7.7% x 1,323,000 = 101,871 which is lower than Mr. Clapis' estimate, therefore the second and third figures of the estimates, in which *Chronic Conditions* was used, may be somewhat low. The figures also seem to be somewhat low compared to the resident population in Connecticut Mental Hospitals which averaged 7,177 during fiscal year 1966 - 1967. (Connecticut Department of Mental Health, *Connecticut State Mental Hospitals, Statistical Tables for Year Ending June 30, 1967*, p. 3). There were also approximately 2,000 mental patients on leave from Connecticut Mental Hospitals and several hundred more in private hospitals and clinics. *The Digest of Connecticut Administrative Reports to the Governor*, Vol. XXI, 1966-1967, reports that the Blue Hills Hospital (for alcoholism) had admissions of 924 patients in 1966-1967, p. 237, and that as of June 30, 1967, 714 persons were being treated on an out-patient basis. Mr. Clapis reported 650 patients in private mental hospitals, 6,308 in state hospitals, and 2,150 on leave as of June 30, 1967.

Footnotes (Continued)

[7] State of Connecticut, Department of Health, Office of Mental Retardation estimated the condition of mental retardation at 1.5% of the general population, 1.5% x 3,000,000 = 45,000. The 45,000 also represents those retardations which may limit or prevent major activity. Merton S. Honeyman, Ph.d., in the office of Mental Retardation reported that there are 26,215 retardates recorded with his office. Of these about 32.7% or 8,568 are under the age of 16. Therefore 32.7% of 45,000 were eliminated as probably being under the age of eligibility, 45,000 - 14,715 (.327 x 45,000) = 30,285. The National Association for Retarded Children has estimated that 85% of the retarded are mild or borderline cases. Presumably most or all of these would benefit from vocational rehabilitation: 30,285 x 85% = 25,742.

[8] State of Connecticut, Department of Health, Tumor Registry has approximately 45,000 active cases recorded. Some of these cancers would fall into Disability Category 400-449, Absence or Amputation of Major or Minor Members, which also includes cancer. It is assumed that individuals with cancer would also have an average of two chronic conditions each. Further refinements of cancer data which could not be made at this time can be obtained by further analysis of the Tumor Registry, 100 was taken as an arbitrary estimate of those whose major activity is prevented. Cancer, as such, Disability Category 600-609, represents less than 1% of the present active case load in Connecticut. Sources consulted for cancer include:

State of Connecticut, Department of Health, Cancer in Connecticut, Incidence and Rates, 1935 - 1962, 1966.

State of Connecticut, Department of Health, Cancer in Connecticut, Incidence Characteristics, 1935 - 1962, 1967.

State of Connecticut, Department of Health, Cancer in Connecticut, 1964, 1967.

The President's Commission on Heart Disease, Cancer and Stroke, A National Program to Conquer Heart Disease, Cancer and Stroke, Report to the President, Volume II, February, 1965.

U.S. Department of Health, Education, and Welfare, Public Health Service, End Results and Mortality Trends in Cancer, National Cancer Institute Monograph No. 6, September 1961.

[9] From Chronic Conditions, p. 13, estimates of two major conditions in this disability category were derived: asthma - hay fever = 5.0% x 1,323,000 = 66,150 and diabetes = 2.4% x 1,323,000 = 31,752 for a total of 97,902. State of Connecticut, Department of Health, Chronic Illness Control and Health of the Aging Activities in Connecticut, 1965 - 1969, p. 31, estimates diabetics in Connecticut at 45,000 as of July 1, 1963; since the Chronic Illness Control does not estimate any of the other conditions included in this category, the estimates derived from Chronic Conditions were used. From Chronic Conditions it was estimated that the number of conditions which limit or prevent major activity from asthma-hay fever or diabetes is 70,660 and the number of conditions which prevent major activity is 21,366.

Footnotes (Continued)

[10] Chronic Illness Control, p. 50, estimates the occurrence of epilepsy at the rate of 5% in Children and 2% in Adults. The 2% has been used to arrive at an estimate of 60,000 in a population of 3,000,000. Harbridge House, Inc. of Boston, Massachusetts, in An Administrative Study of the Division of Vocational Rehabilitation of the Connecticut State Department of Education, prepared for the Connecticut State Board of Education, March, 1966, p. 10, estimates epileptics in Connecticut at 830 per 100,000 which is equal to 24,900 in a population of 3,000,000. State of Connecticut, Department of Health, maintains a file of epileptics which is used by the Motor Vehicle Department for the purpose of granting or withholding drivers' licenses. From 1953, when the file was initiated, to June 3, 1968, 1664 cases were reported to the Department. It is assumed that all cases reported to this file would be severe enough to benefit from vocational rehabilitation and would be approaching or over the age of sixteen. Harbridge House estimates eligible cases of epilepsy at 83 per 100,000 or 2,490. This figure is close to the 1664 cases which are on file at the Health Department so this Harbridge House figure was used.

[11] Chronic Illness Control, pp. 40 and 41, estimates that between 10% and 12% of the people of Connecticut have heart disease: 10% x 3,000,000 = 300,000. Arteriosclerotic heart disease makes up the bulk of the 300,000. At least 10,000 people in Connecticut have rheumatic heart disease or have had a history of rheumatic fever. The incidence of congenital heart disease is conservatively estimated at 200 per year of whom perhaps 50% die within the first year. This figure was used for the prevalence of heart conditions. From Chronic Conditions, p. 13, heart conditions were estimated at 16% x 1,323,000 = 211,680. Conditions serious enough to limit or curtail major activity = 174,212, and conditions which prevent major activity altogether = 61,334.

[12] From Chronic Conditions circulatory conditions were estimated as follows:

Hypertension without heart involvement:
6% x 1,323,000 = 79,380

Varicose veins:
2.4% x 1,323,000 = 31,752

Hemorrhoids:
1.3% x 1,323,000 = 17,199

Other conditions of the circulatory system:
3.8% x 1,323,000 = 50,274

Total: 178,605

From Chronic Conditions it was estimated that circulatory conditions which limit or prevent major activity = 132,353, and conditions which prevent major activity 35,191.

Footnotes (Continued)

[13] From Chronic Conditions, p. 13, respiratory diseases were estimated as follows:

TB, all form:
.8% x 1,323,000 = 10,584

Chronic sinusitis and bronchitis:
2.7% x 1,323,000 = 35,721

Other conditions of the respiratory system:
2.1% x 1,323,000 = 27,783

Total: 74,088

The Chronic Illness Report, p. 53, estimates for the 1957-1958 survey year, a much higher figure of 311,084 chronic conditions which were respiratory in nature. The Connecticut Administrative Reports records the following TB cases from the Connecticut State Department of Health TB Case Register:

known cases in Connecticut in 1966, 10,143
known cases in Connecticut in 1967, 9,929

Both of these figures of known cases are very close to the prevalence figure of 10,584 derived from Chronic Conditions. From Chronic Conditions, p. 13, 56,386 cases of respiratory diseases which limit or prevent major activity were estimated and 17,094 cases which prevent major activity were estimated.

[14] From Chronic Conditions, p. 13, digestive system disorders were estimated as follows:

Peptic ulcer:	2.4% x 1,323,000 = 31,752
Hernia:	2.7% x 1,323,000 = 35,721

Other conditions of the digestive system:
4.6% x 1,323,000 = 60,858

Total: 128,331

From Chronic Conditions it was estimated that the number of digestive system disorders which limit or prevent major activity = 100,601, and those which prevent major activity = 29,159.

[15] From Chronic Conditions, p. 13, it was estimated that conditions of the genito-urinary system = 5.0% x 1,323,000 = 66,150; conditions which limit or prevent major activity = 49,335 and conditions which prevent major activity = 4,094.

[16] U.S. Department of Health, Education, and Welfare, Public Health Service, Selected Impairments by Etiology and Activity Limitation, United States, July 1959 - 1961, Health Statistics from the United States National Health Survey, July 1962, p. 1, indicates a prevalence of speech impairments of 5.9 per 1,000 or 590 per 100,000 = 17,700 in an estimated population of 3,000,000. Of these conditions 20.2% limit activity, p. 16, 20.2% x 17,700 = 3,575. This figure was used for both activity limited or prevented and activity prevented.

Footnotes (Continued)

[17] "It is estimated that there was a total of 1,781,605 chronic conditions in Connecticut in the 1957 - 1958 survey year." Chronic Illness Control, p. 53. If this figure is deflated by two to adjust for multiple chronic conditions, it compares well to present estimates.

The U.S. Department of Health, Education, and Welfare, knowing that the States need estimates of disability, has calculated them in Synthetic State Estimates of Disability derived from the National Health Survey, for each state on a total basis with no specific disability category break-downs. "Table A: Provisional Estimates of the Number of Persons and Percent with One or More Chronic Conditions and Activity Limitations Due to Chronic Conditions, by State: U.S., July 1962 - June 1964," p. 4, gives the total estimated population for Connecticut as 2,704,000 and the prevalence of people with one or more chronic conditions as 39.8% of the total population or 1,076,192. The table gives the percentage of people with activity limitation due to chronic conditions as 9.2% of the general population or 248,768. It is here assumed that the percentage of disabilities to the general population in Connecticut did not significantly increase or decrease between 1964 and 1967. Therefore these percentages taken on an estimated population of 3,000,000 yield the following figures: chronic conditions, 1,194,000, and activity limitation due to chronic conditions, 276,000.

[18] State of Connecticut, Department of Employment Security, Cooperative Area Manpower Planning System for Fiscal Year 1969, p. 14, 23% of the unemployed and underemployed are identified as hardcore, 23% x 162,140 (45,640 unemployed and 116,500 underemployed) = 37,000. The manpower program is attempting to reach these people.

TABLE A-2

NUMBER OF PERSONS IN CONNECTICUT WHOSE MAJOR ACTIVITY IS PREVENTED 1967, 1970, 1975

VRA CODES	DISABILITY	1967 Estimate on Population of 3,000,000	1970 Projection on Population of 3,196,200^2	1975 Projection on Population of 3,652,300^2
100-119	Blindness	300	300	400
120-149	Other Visual Impairments	9,200	9,800	11,200
200-229	Deafness and Other Hearing Impairments	3,200	3,400	3,900
300-399	Orthopedic Deformity or Functional Impairment	29,400	31,300	35,800
400-449	Absence or Amputation of Major and Minor Members	700	700	800
500 510 520 521 522	Psychotic Disorders Psychoneurotic Disorders Alcoholism Drug Addiction Other Character, Personality and Behavior Disorders	7,400	7,900	9,000
530-534	Mild, Moderate, and Severe Mental Retardation	7,400	7,900	9,000
600-609	Cancer	100	100	100
610-619	Allergic, Endocrine System, Metabolic and Nutritional Diseases	6,100	6,500	7,400

VRA CODES	DISABILITY	1967 Estimate on Population of 3,000,000	1970 Projection on Population of 3,196,200[2]	1975 Projection on Population of 3,652,300[2]
620-629	Diseases of the Blood and Blood-Forming Organs	NO ESTIMATE		
630	Epilepsy	700	700	800
639	Other Disorders of the Nervous System	NO ESTIMATE		
640-644	Cardiac Conditions	17,500	18,600	21,300
645-649	Other Circulatory Conditions	10,000	10,600	12,200
650-659	Respiratory Diseases	4,900	5,200	6,000
660-669	Disorders of the Digestive System	8,300	8,900	10,100
670	Conditions of the Genito-Urinary System	4,100	4,400	5,000
680-689	Speech Impairments	1,000	1,100	1,200
690-699	Others Not Elsewhere Classified	NO ESTIMATE		
	TOTALS	110,300	117,400	134,200
SOCIALLY AND CULTURALLY DISADVANTAGED		37,000	39,400	45,000

[1] The number of each specific disability was estimated on the basis of the number of disabled with major activity prevented per 100,000 of general population estimated as of 1967. All estimates are rounded to the nearest hundred.

[2] Population projections were obtained from Professor Edward G. Stockwell, Bullentin No. 375, the University of Connecticut, Storrs Agricultural Experiment agreement with the trend in population reported by the Connecticut Health Department, Public Health Statistics.

B. DISABILITIES

B-1. THE BLIND

In Connecticut the blind are rehabilitated by an agency separate from the Division of Vocational Rehabilitation, The Board of Education and Services for the Blind, directed by H. Kenneth McCollam. This Board maintains a Registry of the Blind in Connecticut. A state statute makes it mandatory for opthamologists, optometrists, and medical facilities to report any person who becomes legally blind. However, the Board feels that some medical people do not comply fully, particularly in connection with older people who do not desire services and do not wish to be identified as blind. The Board estimates that there are about 600 Blind in Connecticut who are unemployed but potentially employable. Of this number, three hundred are presently being given rehabilitation services. Another 300 are likely to be eligible for services should they desire them. About 360 newly blinded persons per year are reported to the registry.

The rehabilitation division of the Board of Education and Services for the Blind receives approximately 190 referrals per year. The majority of blind individuals in Connecticut needing rehabilitation services is receiving such services except for about 45% or about 160 of the newly blind each year who are over the age of 65. Rehabilitation services are offered to only a few of these geriatric blind, since they are over an employable age, and it is difficult to justify providing services to them. However, they desperately need training in adjustment to blindness, mobility, grooming and other daily living activities.

> RECOMMENDATION: *The Division of Vocational Rehabilitation should encourage Federal legislation changing eligibility requirements to include for services the geriatric blind who have no vocational potential but who need personal adjustment training. Appropriate funding must also be made.*

Since Blindness is a severe disability, rehabilitation counselors for the blind should have the benefit of a team to assist in evaluating the potential of a client. The Board of Education and Services for the Blind plans to add an evaluation unit which will involve a team approach. Mobility has not received a deserved amount of attention in the past. The agency has already two mobility instructors, and two more were hired in the past summer. More instructors may be needed. It is not known definitely at this time since this is a new field. An adjustment center for service-connected and non-service-connected blind veterans is being opened at the Veteran's Administration facility in West Haven. Mobility will be stressed in this program.

It is the policy of the Board to integrate the blind into the sighted world. However, the multiple-handicapped blind often need highly specialized services as well as longer evaluation and training periods than the average newly blind. These specialized services include: mobility training, personal adjustment training and psychotherapy. In many cases the general rehabilitation centers and workshops hesitate to take the multiple-handicapped blind because these facilities lack personnel trained to work with these blind, who are less flexible and less productive than some other handicapped.

Philip Trupin has noted from institutes and conferences in the past few years that one of the ways to reach the maximum number of employable blind with workshops and sheltered workshops would be "to establish new shops and improve existing facilities, giving special consideration to clients with minimum skills, limited work tolerance, and, in general, to those who cannot meet minimum competitive standards in outside employment."[1]

> RECOMMENDATION: *A regional comprehensive residental facility should be established for several New England states to provide a variety of services to the multiple-handicapped blind who cannot be served in a general rehabilitation center.*

Such a fecility is needed immediately. Morgan Memorial in Boston, Massachusetts, is a center without the residential facilities. Such a center might be expanded to include them.

Connecticut State Board of Education and Services for the Blind and the Divisions of Vocational Rehabilitation of Connecticut and the other states in the New England region should encourage centers for which such expansion is feasible to apply for a federal grant to accomplish this needed expansion. Daily cost of operation could be assessed to the agencies as case service cost for use of the facility.

A representative of the alumni association of a private school for the blind in Connecticut, speaking at the Public Hearing, said he felt that the alumni association and the Board of Education suffered from a lack of communication and cooperation.[2] As a result of this testimony at the Public Hearing, the director of the Board of Education and Services for the Blind has agreed to meet with representatives of the alumni association of the school to listen to suggestions.

[1] Monroe Berkowity (ed.), Estimating Rehabilitation Needs, A conference on Planning for Vocational Rehabilitation (New Brunswick, New Jersey: Rutgers Bureau of Economic Research in Cooperation with the Comprehensive Statewide Planning Project for Vocational Rehabilitation, 1967, pp. 53-54

[2] Appendix, p.147

B-2. THE DEAF

The American School for the Deaf in Hartford is a private institution, the first in the nation serving the deaf exclusively. The Mystic Oral School for the Deaf is a state-operated institution. Seventy-six of the one hundred and sixty-nine towns in Connecticut have speech and hearing programs in their public schools. A project was conducted by the American School for the Deaf to determine: a) general employment conditions for young deaf adults in New England and their current occupational status, b) formal vocational training of young deaf persons, and c) need and demand for a regional technical-vocational training facility to increase employment opportunities.

> Results included the following: (a) when compared with the hearing, deaf young adults evidenced a higher unemployment rate, lower wages, and higher employment in unskilled or semi-skilled occupations; (b) deaf workers were rated as average or above in job performance by 95% of their supervisors, but little chance for advancement was projected for these workers; and (c) 91% of the parent groups approved of the establishment of a regional technical-vocational training center, and over 50% of the student and employed groups expressed a desire to attend such a center. It was concluded that the needs of deaf youth can best be met by the establishment of regional technical-vocational training centers.[1]

Another project begun in 1962 by P.H. Furfey and T.J. Harte at the Bureau of Social Research of the Catholic University of America found that 54 of 80 deaf studied in Frederick City or County, Maryland, were employed, however:

> a disproportionate number were employed in the printing trades; (and) common to the other occupations held by the deaf was the tendency for the work to be repetitive possibly owing to the fact that one set of easily communicated instruc-

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[1] George N. Wright and Ann Beck Trotter, Rehabilitation Research (Madison, Wisconsin: The University of Wisconsin, 1968), p. 300.

> tions promoted successful completion of the work. Specific attention to responses concerning the 17 deaf workers employed in 7 industrial concerns revealed the following points: (a) all worked in production areas, as opposed to offices; (b) only 2 were employed in skilled positions, and the others were classified as semiskilled; (c) the companies had little information about their deaf workers; (d) no special programs to help the deaf overcome occupational handicaps were evident; and (e) company representatives expressed general satisfaction with the work of their deaf employees, who received pay on the same scale as their hearing counterparts. The representatives of the 16 companies who had never employed a deaf person tended to underrate the abilities of the deaf.

Employed deaf,in contrast to employed mentally retarded, do not seem to be working under any special circumstances nor does there seem to be any effort made to train the deaf for occupations beyond those which they are able to grasp readily without any special instruction or training. There is a need for training opportunities for the deaf.

B-3. HEART DISEASE, CANCER and STROKE

Heart disease, Cancer and Stroke accounted for two-thirds of the deaths in Connecticut in 1966 and for slightly more than two-thirds of the deaths in Connecticut in 1967.

These three account for only a very small proportion of the case load of The Division of Vocational Rehabilitation while they comprise a very large percentage of the chronic conditions in the state. Owing to the seriousness of these chronic conditions, however, it is not likely that services for them can be expanded until more adequate medical treatment procedures for them are found. There is an awareness of the need in the rehabilitation field. For example, the University of Connecticut's Rehabilitation Research Program concentrates on these diseases as their core subject matter.

B-4. THE MENTALLY ILL

Vocational planning, preparation for vocational readjustment and vocational rehabilitation must be made part of the treatment process for both the hospitalized and outpatient mentally ill person. To facilitate this, all hospitals and outpatient clinics should have vocational rehabilitation counselors to plan work therapy for a client, to work with community industry, and to initiate each patient's vocational rehabilitation plan well before he is discharged from the hospital and transferred to a counselor in the community. Counselors working in the mental hospitals will need more psychiatric and therapeutic orientation than other counselors are usually given; a new counselor specialization, the psychiatric vocational counselor may be necessary.

The President's Committee on Employment of the handicapped conducted an informal survey to determine the number of hospitals having activities to promote employment of former mental patients. Following is a list of the questions asked each state and the percentages of affirmative answers. Connecticut's responses are given in summary form after the list of questions:

1. Do you have a volunteer committee of employers helping patients with job problems? (12%)
2. Is there a vocational rehabilitation counselor or employment service officer at the hospital? Full-time? (67%) Part time? (19%)
3. Is there an in-hospital work program for patients? (89%)
4. Is there a sheltered workshop in the hospital? (51%)
5. Do you coordinate with a state or local Committee on Employment of the Handicapped? (61%)

	1.	2.	3.	4.	5.
Connecticut Institutions	Vol. Comm.	DVR or ES	In-Hosp. Work	SW	EH Comm.
Blue Hills Hospital	No	FT *	Yes	No	Yes
Connecticut Mental Health Center	--	PT **	Yes	No	--
Connecticut Valley Hospital	Yes	FT	Yes	Yes	Yes
Fairfield Hills Hospital	Yes	FT	Yes	No	Yes
Norwich Hospital	No	FT	Yes	Yes	Yes
Undercliff Mental Health Center	No	No	Yes	Yes	No

* Full time
** Part time

There are currently four counselors, working within state mental hospitals who screen clients, work with the hospital staff and begin vocational rehabilitation services within the hospital setting. The number of counselors should be increased as rapidly as possible, since the level of need in the various hospitals far exceeds the present level of services provided. If all the patients of the mental hospitals were to be served by the four counselors in the hospitals, each counselor would have an impossible case load of about 1,500 clients.

> **RECOMMENDATION:** *The number of counselors in the state mental hospitals should be increased gradually over the next 7 years. Initially one new counselor should be added to the staff of each of the three state mental hospitals and another new counselor should be added each year until reasonable case-load levels are reached.*

The rehabilitation counselor must be part of the treatment team. Rehabilitation counselors should form the nucleus of rehabilitation units within the state hospitals which begin services to patients as soon as they are admitted. These services would include pre-vocational training, sheltered workshops, work evaluation services and testing. The West Virginia Division of Vocational Rehabilitation (among several others) has such a system in operation at present.

For the counselor functioning in a district or local office, a case transferred to his case load from the hospital would then be very well developed and would require only that the vocational plan as prepared and begun in the hospital be continued and coordinated with other needed services: public health nursing services, foster family care, convalescent nursing, rehabilitation in centers, work services, and ex-patient groups. As of October, 1968, 28% of the active case load of the Division of Vocational Rehabilitation has other mental disorders.[1] Nineteen percent of the active case load has psychotic or psychoneurotic disorders. Thus, almost half of the Division's active case load, or 47% of the clients of the Division of Vocational Rehabilitation, have some kind of mental disorder. With this concentration of the active case load, more formal structured relationships are needed with the Department of Mental Health and allied professionals in the community. A close liaison with the Department of Mental Health must be established on a continuing basis. Rather than hiring full time consultants in Psychology, Psychiatry and Social Services, more would be accomplished if the Division of Vocational Rehabilitation and the Department of Mental Health worked out agreements that would allow more contact and cooperation among professionals currently in state employment. Such an arrangement would also be less expensive and in the interest of the individual client.

[1] See VRA classifications of Disabling Conditions and Causes, Appendix p. 32.

There are already various working arrangements on an individual basis with each mental hospital and its facilities.

> RECOMMENDATION: *Comprehensive written working agreement must be made between the Department of Mental Health and the Division of Vocational Rehabilitation.*

Other recommendations on inter-agency cooperation are made in Part D of this report.

The concentration of the case load in mental disorders also demands that counselors be trained to work with these clients' special needs. At several meetings it was urged that counselors receive more training in psychology and working with the phases of mental illness. Training in the mental health aspects of rehabilitation counseling is a major need for the counseling staff. A suitable solution might be the creation of a research and training center under the joint sponsorship of the Division of Vocational Rehabilitation and an institution of higher education within the state. Such research and training centers currently exist in other states and are operated under the provisions of the federal Vocational Rehabilitation Amendments of 1965, Public Law 565. A more practical immediate solution might be a workshop approach. A structured relationship with the Connecticut Mental Health Center might allow for Rehabilitation Counselors who work exclusively with psychiatric disabilities to train there under supervision for a four to six week period to familiarize them with the unique needs of such clients. For those counselors working with drug dependent or alcoholic clients, a training program in cooperation with the Blue Hills Clinic would seem appropriate. The Blue Hills Clinic is operated by the Division of Alcoholism and Drug Dependency, State Department of Mental Health.

> RECOMMENDATION: *The Division of Vocational Rehabilitation and the Department of Mental Health should establish a workshop training program for counselors who work with clients and patients with mental disorders.*

The program need not be large or expensive and, it might include only a few counselors at a time, observing and working closely with a specialist at one of these two centers. Other recommendations on training are made in Part F-4 of this report. The Division should consider, as a long range solution to the problem of psychological testing, the possibility of hiring a psychometrist for each District Office on a full time basis.

Alcoholism is included among the other mental disorders which are part of the Division of Vocational Rehabilitation's case load composition. Testimony at the Public Hearing indicated that Alcoholics Anonymous is an effective means for many people to control their alcoholism. A study done by B. Leach, "Alcoholics Anonymous: Its Effectiveness, Nature and Availability," in New York City showed that "Alcoholics Anonymous is by several measures an effective, long-term therapy for alcoholism, widely available. It is inaccurate to describe it either as religious or as concerned only with abstinence."[1] The New Haven Regional Committee has recommended also that Alcoholics Anonymous be supported by the Division.

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[1] Mark Kelly and Maria Maychrowicz (eds.), Proceedings, of the 28th International Congress on Alcohol and Alcoholism, (Washington D.C., September, 1968), p. 56. Vol. I, Abstracts

> RECOMMENDATION: *The Division of Vocational Rehabilitation should be in contact with local Alcoholics Anonymous clubs to inform them of the services offered by the Division, if members need these services in addition to the therapy which they receive from Alcoholics Anonymous. It is further recommended that the Division of Vocational Rehabilitation consider referring arrested controlled alcoholics to Alcoholics Anonymous for continuing therapy even after vocational rehabilitation services have ceased.*

The New Haven Committee recommended also that outpatient services for alcoholism and drug dependency should be expanded. This expansion might begin with existing clinics, hospitals, and programs such as the Connecticut Mental Health Center Narcotic Addiction treatment program. The Division of Vocational Rehabilitation should bring to the attention of these agencies the extent of the problem and the need for outpatient services. The New Haven committee also suggested that the recommendations of the Faulkner-LaFrance report be adopted. This report recommended that the "found intoxicated" offender be permitted to choose treatment in lieu of conviction.

The need for more half-way houses for the mentally ill in Connecticut communities was mentioned by several of the regional committees. These facilities furnish a half-way setting for the mentally ill between the hospital and full self dependency. There are only three such houses in the state presently. One of these houses, Niles House in Hartford, was first funded by a three-year grant. The amount of the grant for the first year was $9,000 based on an expected 60% occupancy. The amount of the grant for the second year was $6,000 based on 75% occupancy, and the amount for the third year was $3,000 based on 90% occupancy.

The house is now full and the residents absorb the cost of the house except for the salary of the part-time director who is paid by the Capitol Region Mental Health Association, Inc. In its two and one-half years of existence Niles House has served 69 women with various mental disturbances, who had formerly been in a mental hospital for varying lengths of time from less than a year to 10 or more years. The evaluation of the adjustment of the first 35 patients served is as follows:

Adjustment	Number
Good work record, fair to good socialization	17
Partial adjustment	7
Poor adjustment (3 returned to hospital)	9
Insufficient time in program to evaluate	2
TOTAL	35

Niles House has been quite successful in providing a transition for mental patients from the hospital to the community.

> RECOMMENDATION: *The Division of Vocational Rehabilitation should actively support the founding of a half-way house for the Norwich Hospital. A specific proposal follows.*

The proposed budget for the Norwich House might be reviewed in comparison with the Niles House budget to see if it is possible for the house to be completely self-supporting except for the half-time director and for services rendered to patients by the Norwich Hospital and the Division of Vocational Rehabilitation.

Proposal for a Half-way House for Norwich Hospital

I. Finances

A. Income of the house

1. Rent from 12 patients at $20.00 per week for 52 weeks	=	$12,480
2. Grant from the Mental Health Planning Council	=	$ 9,790
		$22,270

B. Expenses of the house

1. Salary of house parent	=	$ 5,000
2. Rent of the house at $500.00 per month	=	$ 6,000
3. Fund for contingencies	=	$ 1,480
4. Food costs at $1.00 per day for 14 residents for 365 days	=	$ 5,110
5. Salary of half-time social worker, project director	=	$ 4,680
		$22,270

II. Distribution of the Responsibilities of the House

A. Mental Health Association

B. Norwich Hospital

C. Social worker, project director

D. House parent

E. Division of Vocational Rehabilitation

F. Realtor

A plan for community mental health services and a plan for mental health facilities in Connecticut have been completed. These publications, State of Connecticut Mental Health Facilities Plan 1967 Revision and A Plan for Comprehensive Mental Health Services for the Communities of Connecticut are available from the Connecticut Department of Mental Health.

B-5. MENTAL RETARDATION

By law the Office of Mental Retardation is charged with the responsibility of providing for the needs of the mentally retarded in Connecticut. Since the publication of the Mental Retardation Planning Project, Miles to Go, (March, 1966) the Office of Mental Retardation, under the Department of Health, has been proceeding with the implementation of this project's recommendations. Part of this plan involved Regional Centers for the delivery of services to the retarded on both a day care and in-patient basis. To meet the needs of the adult retarded, the two training schools, Mansfield and Southbury, and the various regional centers all operate vocational training programs on various levels. When a retarded person demonstrates some employment potential, the Office of Mental Retardation depends upon the Division of Vocational Rehabilitation for the provision of further selective training, eventual job placement and follow-up services.

At the present time no formal written agreement exists between the Division of Vocational Rehabilitation and the Office of Mental Retardation. However, there is an informal cooperative working relationship between these two agencies, the core of which involves the assignment of rehabilitation counselors to the various facilities operated by the Office of Mental Retardation. As a result of this arrangement, Division of Vocational Rehabilitation counselors "cover" the following Office of Mental Retardation facilities:

Mansfield Training School
Southbury Training School
Seaside Regional Center
New Haven Regional Center
Hartford Regional Center
Putnam Regional Center

The degree of counselor coverage varies from one-half day per week to full time. In the latter cases, counselors are provided with office space and other services such as telephone, and occasional clerical assistance. In those cases in which counselors have been assigned on less than a full-time basis, a need for increased counselor time has been frequently expressed.

> RECOMMENDATION: *An initial or an additional counselor and a clerk should be assigned on a full-time basis to each of the following institutions:*
>
> *Hartford Regional Center*
> *Putnam Regional Center*
> *Seaside Regional Center**
>
> RECOMMENDATION: *A formal written agreement should be entered into between the Division of Vocational Rehabilitation and the Office of Mental Retardation to include:*
>
> (a) *description of the services to be provided by the parties.*
>
> (b) *provision for joint program planning.*
>
> (c) *provision for the exchange of technical, fiscal and/or statistical information, when necessary.*
>
> (d) *provision for periodic review of the agreement, at stated intervals, and by specified persons.*

Since mental retardation rehabilitation is a very specialized field, in-service training is needed for counselors working in this area. Good initial supervision of employment would make this period a good in-service training experience for vocational rehabilitation counselors. The existing Rehabilitation Coordinators hired by the Office of Mental Retardation would be a good resource for the supervision of the initial period of employment for new Rehabilitation counselors working in institutional settings.

*As the Putnam Regional Center expands consideration should be given to placing a fulltime councelor and clerk here.

> RECOMMENDATION: *The director of the Division of Vocational Rehabilitation should authorize the Office of Mental Retardation to have some supervisory responsibility for Vocational Rehabilitation Counselors for the first six months of assignment in Mental Retardation Institutions.*

The regional committees recommended that a joint program in the schools between the Office of Mental Retardation and the Division be launched. Rehabilitation counselors working in the schools in cooperation with special education teachers would be an initial step in this direction. A recommendation for an increase in the number of counselors in the schools is given in Section C-12 of this report.

Group homes for the retarded in the community were suggested. These homes would be a permanent place for the retarded to live as other people in the communities where they work. It is hoped that the office of Mental Retardation will sponsor these homes in the future.

There was a need expressed by the New Haven Committee for services to siblings of the retarded. This kind of service would be a very far-sighted preventive measure.

> RECOMMENDATION: *A research person in the Division of Vocational Rehabilitation should investigate the possibility of services to siblings of the retarded and make specific recommendations as to the kind of services needed.*

There is much interaction in Connecticut between private agencies and the Division of Vocational Rehabilitation. Although policy, and state and federal legislation to a large extent dictate what the quality and extent of such relationships will be, the Connecticut Division of Vocational Rehabilitation should review existing policy toward private groups, especially since such a review might lead to a more satisfactory relationship for the Division of Vocational Rehabilitation and the private groups serving the retarded. The provisions of the 1968 Amendments to the Vocational Rehabilitation Act provide for counsultant services to such organizations. The tradition in Connecticut has been one of encouraging private groups to establish their own community-based services whenever possible. This tradition will no doubt continue, but a more structured kind of communication and cooperation network seems to be very much needed at this point. Without it, a great deal of confusion and duplication of services might result.

B-6. THE SOCIALLY AND CULTURALLY DISADVANTAGED

Legislation is being prepared in Connecticut to amend existing rehabilitation laws to make them conform to the Federal Vocational Rehabilitation Amendments of 1968 which extend rehabilitation services to those who are disadvantaged "by reason of their youth or advanced age, low educational attainments, ethnic or cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment."[1]

Testimony at the Public Hearing indicated that often services to the "hardcore" socially disadvantaged were not rapid enough to captalize on any motivation which this group manifested. It is hoped that including these people in the Division of Vocational Rehabilitation program scheduled to begin in January of 1969 will alleviate this problem to some extent. The Division must reach these people and give them services oriented to their needs.

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[1] U.S. Congress, Public Law 90-391.

> RECOMMENDATION: *The Division of Vocational Rehabilitation should act as the catalyst in convening agencies which are interested in the planning stage of state diagnostic centers in selected strategic areas. The Division should also enter into consortium agreements for initial staffing and continuing fiscal support of such centers.*

Testimony at the Public Hearing also indicated that the "hardcore" socially disadvantaged also need follow-up in order for them to achieve employment goals. A representative from the Hartford Human Relations Department testified, "I think there is a need for some follow-up for individuals like this. You have to take into consideration the reasons for his not showing up for the job. There may be reasons .... He may be afraid. He has been turned away so often that he thinks that this is another such case. He should be followed up and asked why he did not show up for the job."[1]

Without adequate follow-up the socially disadvantaged may drop out of programs in larger proportions than should be expected.

> RECOMMENDATION: *Follow-up services for the socially disadvantaged as for all clients should be emphasized by counselors of the Division. Rehabilitated closures should be investigated quarterly for one year to determine if follow-up sercices are needed.*

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[1] Appendix, p.161

Severely multiple-handicapped individuals present a rehabilitation challenge. Parents and friends of these individuals are often pessimistic about the possibility of their ever being able to contribute constructively to society or even to their own support. The present structure of vocational rehabilitation services is built for those who have a potential for placement in the labor market or in a sheltered work environment. Ability to participate in a training program and to develop skills is the keystone of eligibility. The severely handicapped person often lacks the potential necessary to make him eligible.

He may be a cerebral-palsied individual, a mental retardate with a severe hearing loss, an epileptic with a psychotic disorder, or a welfare client who lacks education, training, and economic means. He needs rehabilitation services which will prevent further breakdown of his capabilities and which will help him attain his maximum degree of self-functioning.

There is a need for specialized rehabilitation services which would cater to severely multiple-handicapped persons in their immediate neighborhoods since transportation is a critical problem for these people. The development of complete mobile units which would travel to areas of need would be a practival solution to these problems.

Some severely multiple handicapped do have more employment potential than is generally recognized. The Memphis Goodwill Industries conducted a project for the severely disabled:

> Integration of the cerebral-palsied and other severely disabled persons into the work force was the goal of this project undertaken by the Memphis

> Goodwill Industries. Procedures were devised for a comprehensive program of evaluation, work-habit training, and placement.
>
> Three hundred and forty-seven persons, with an average of 1.8 disabilities, were accepted for services. Of those accepted, 290 completed the evaluation and received vocational recommendations. From this group, 92 were considered unemployable or employable in a sheltered workshop only; the remaining 198 were recommended for employment immediately or following completion of further training. Employment was achieved by 147 clients, including 6 who had been rated as unemployable. This group held a total of 308 jobs, usually obtained by the Goodwill employment specialist or by the client himself. Examination of follow-up records for 116 of the employed clients revealed that almost two-thirds had held at least one job for six months or more. Two factors appeared to lead to job mortality. The first factor concerned unacceptable work habits and deportment; the second factor focused on the client's failure to accept the principle of working and to set realistic and initial job levels. This project demonstrated that a program of evaluation, training, and placement services can be developed and implemented to affect the economic integration of severely disabled persons.[1]

However, the integration of the severely multiple handicapped is difficult, and it is a more complex process than is the rehabilitation of less severely handicapped individuals. Testimony at the Public Hearing indicated for instance, that in order for the cerebral palsied individual to become a productive, participating member of society, "a team of professionally trained experts must be involved in diagnosis, treatment, care, and counselling from infancy through adolescence and adulthood."[1]

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[1] George N. Wright and Ann Beck Trotter, Rehabilitation Research (Madison, Wisconsin: The University of Wisconsin, 1968), P. 46

The rehabilitation counselor is in an ideal situation to coordinate services for the severely handicapped person. These individuals need service for a lifetime in order that they can contribute effectively to society.

> RECOMMENDATION: *Vocational Rehabilitation legislation should be amended to make the severely multiple-handicapped individual eligible for vocational rehabilitation services at a very early age in an attempt to integrate him as early as possible into the community and to make him a productive individual.*

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[1] Appendix, P. 138

C. PROGRAMS

C-1. THE AGING

In November of 1967, 14.5% of the active case load of the Division of Vocational Rehabilitation was between the ages of 45-64. One-half of one percent (.5%) of the case load was over the age of 64. Of the 1547 persons rehabilitated in fiscal year 1966-67, 19.7% was between the ages of 45-64, and 1% was over the age of 64. Since the percentage of rehabilitants in these age groups exceeds the percentage in the case load, there are more successful rehabilitations in these age groups than there are in some others. This pattern repeats itself in fiscal 1967-1968. In October of 1968 13.8% of the active case load was between the ages of 45-64. Three-tenths of one percent (.3%) of the case load was over the age of 64. Of the 1948 rehabilitated in fiscal year 1967-1968, 18.6% was between the ages of 45-64, and .6% was over age 64. Therefore, it appears that older persons are very good "risks" for regabilitation services. The probability that a person above the age of 45 will be successfully rehabilitated is greater than the probability for some other age groups.

There are areas of employment which exclude the elderly because of insurance coverage, or mandatory retirement age. However, there are many service occupations in which advanced age is not a barrier to employment. Among the aging, post-retirement depression and feelings of futility and neglect are often serious problems which suitable employment could prevent. Although aging has some effects on work effectiveness, this is offset in many instances by the experience, skills, and good judgement of older citizens.

The 1968 Federal Amendments to the Vocational Rehabilitation Act define advancing age as a handicappong condition eligible for vocational rehabilitation. Legislation is expected to be introduced in the State Legislature in the 1969 session to make the Stale legislation conform to the new eligibility definition of the federal 1968 amendments.

A senior service corps would furnish suitable employment opportunities for many older persons.

RECOMMENDATION: The 1969 Legislature should provide funds for the Senior Service Corps established by Public Act No. 662 in 1967. A copy of the act follows.

STATE OF CONNECTICUT
COMMISSION OF SERVICES FOR ELDERLY PERSONS

House Bill NO. 3180

PUBLIC ACT NO. 662

AN ACT CONCERING THE ESTABLISHMENT OF A SENIOR SERVICE CORPS

Be it enacted by the Senate and House of Representatives in General Assembly convened:

There is established within the framework of the commission on services to elderly persons a senior service corps to provide a means to utilize most effectively the skills and talents of older residents of Connecticut who desire to serve children and adults in need of special assistance. The commission on services to elderly persons may recruit, train and arrange for the assignment of elderly persons to voluntary and, subject to such restrictions on age as may be imposed by law, paid positions in departments and agencies of the state as well as in private institutions, agencies and services and in municipal agencies, services and departments. The senior service corps shall be a division of the commission on services to elderly persons.

To promote the success of the Service Corps and of other employment programs for the aging, it is desirable that the Division of Vocational Rehabilitation and the Commission on Services for Elderly Persons cooperate closely.

RECOMMENDATION: *A professional from the Division of Vocational Rehabilitation and a professional from the Commission on Services for Elderly Persons must be made responsible for maintaining an active liaison between the two agencies.*

To promote placement activity for the older worker, the Connecticut State Employment Service publishes a quarterly newsletter, "Boost Older Workers," which is distributed to employers and agencies interested in the problems of the older worker; to unions; to newspapers and other publications; and to members of the Connecticut State Employment Service. It contains articles stressing the advantages of hiring older workers, and it points out the success of the Employment Service in finding jobs for the elderly. However, since the unemployment rate for persons over 65 is three times as high as the normal unemployment rate, more placement and public relations related to placement are needed.

RECOMMENDATION: *The person appointed in the Division of Vocational Rehabilitation to handle public relations should be made responsible for promoting the older worker on a Statewide basis.*

A recent study on the aging in the Hartford area, Aging, a Factual Survey in the Capitol Region, of June 1968 is available from the Greater Hartford Community Council.

"Now that the Department of Correction, established under legislation adopted during the 1967 session, is a reality, Connecticut becomes the first state to bring all adult correctional institutions and parole under one head."[1] Along with this desirable consolidation, rehabilitation professionals are becoming more aware of the public offenders' need for rehabilitation services. These two developments make a joint and coordinated effort by the Division of Vocational Rehabilitation and the Department of Correction not only desirable but also possible.

> RECOMMENDATION: *A joint request should be initiated by the Division of Vocational Rehabilitation and the Department of Correction for a Research and Demonstration grant to develop diagnostic procedures and a work evaluation unit in the Hartford Correctional Center.*

Appropriate referral procedures for post-release treatment or training should be included in such a proposal. The development of a comprehensive medical, social, educational, vocational and psychological screening and evaluation battery should be considered as the core of the project, along with the development of a vocational plan stemming from the results. An arrangement of direct and immediate acceptance by the appropriate Division of Vocational Rehabilitation district or local office upon release of short term sentences would then allow for services to begin quickly without the normal delays for diagnostic workups.

The Connecticut State Prison has had a program of education and rehabilitation inside the institution, but the new Commissioner of Correction feels that the world outside the prison must also be included in the rehabilitation program. The state jails have had only rudimentary education and rehabilitation programs. Two years ago two vocational rehabilitation counselors were placed full-time in two local jails. Part-time teachers are supplied to the Hartford and New Haven jails by the boards of education of these two towns. For the first time Hartford jail inmates are attending classes in a state vocational school. A work release and release training program has finally been initiated at the Danbury Federal Prison. To include the outside world in the rehabilitation process and to improve that process, it is hoped by the new Department of Correction that work and training release programs can be used successfully in the Connecticut State Prison and in the state jails. However, to make this and other programs a success, the services of more vocational rehabilitation counselors are necessary. The technical advisory committee on Inter-agency Cooperation has recommended that rehabilitation counselors be placed in correctional facilities in the ratio of one counselor for every 100 prisoners. This may not be immediately possible but preliminary steps must be taken.

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[1] Digest of Connecticut Administrative Reports to the Governor, Vol. XXII, 1967 - 1968. p. 159

> RECOMMENDATION: *A rehabilitation counselor should be assigned on a full-time basis to each of the three state jails which now do not have such services. One counselor should also be placed at the Connecticut State Farm and Prison for Women; two counselors at the State Prison; and one counselor in each of the three youth correctional institutions.*

There is also a need for services to bridge the gap between release from prison and readjustment to the community. Most parolees who are returned to correctional institutions are returned before they have spent 10 months on the outside. The services of rehabilitation counselors are needed for parolees and released prisoners, and it is urgent that these services begin immediately when the prisoner is released, so that the transition of services, from inside the prison to the outside, is smooth.

> RECOMMENDATION: *Rehabilitation counselors in the community must absorb prisoners into their caseloads from the caseloads of prison rehabilitation counselors sometime before they are released. Vocational Rehabilitation plans for these individuals must be initiated while they are still in prison.*

As a long range goal, the Department of Correction and the Division of Vocational Rehabilitation might consider the establishment of a comprehensive Rehabilitation Center with in-prison and out-prison components and the full range of rehabilitation services available. This would include medical and paramedical, vocational, educational, psychological and counseling services. The determination of which public offenders might benefit from such a service might be made through the Research and Demonstration project recommended above. The 1968 Amendments allow the Division of Vocational Rehabilitation to allocate up to 10% of the service budget to new buildings. Hill-Burton funds may be used to add to existing structures. (See Martin Dishart's A Model Comprehensive Rehabilitation Center for an excellent example of a comprehensive Rehabilitation center.)

It would be desirable for rehabilitation of a potential criminal to be accomplished before a crime cycle has started. In the case of public offenders, rehabilitation should begin with the first offense or during probation. The Division of Vocational Rehabilitation needs to work more actively with the probation officers in the state.

RECOMMENDATION: *Probation officers must be informed of the services and referral process of the Division of Vocational Rehabilitation by the person in the Division of Vocational Rehabilitation appointed to assume the responsibility for public relations.*

In many cases, treatment of a public offender is more desirable than conviction. A suggestion concerning alcoholics and treatment in lieu of conviction is found in Section B-4 of this report.

C-3. ECONOMIC OPPORTUNITY PROGRAMS

Connecticut Public Act 522 brought the Department of Community Affairs into existence on July 1, 1967. It incorporated the local planning and renewal functions of the Connecticut Development Commission, the Housing Division of the Department of Public Works and the Office of Economic Opportunity. Late in 1967, Governor Dempsey requested the Department to place major emphasis upon housing for low and moderate income families in those areas of Connecticut which have the greatest need.

Services to people, including neighborhood facilities, rehabilitation and social services in housing projects, and day care and relocation costs, received grants totaling $587,369 to June 30, 1968. Human Resource Development Programs, including assistance to anti-poverty agencies and Adult Basic Education, received grants of $4,362,142 to June 30, 1968. In fiscal year 1967-1968 "more than 4,100 disadvantaged families, including 35,198 people, were specifically helped through programs such as Head Start, Legal Services, Employment and Job Training, Teen Centers, School Readiness, Adult Basic Education and Upward Bound."[1]

Many of these programs are preventive. However they are all directly related to vocational rehabilitation, and a good cooperative relationship between the Division of Vocational Rehabilitation and the Department of Community Affairs is desirable. The Division could well use some of the services of the Department, and the Department would benefit its clients by referring those in need of vocational rehabilitation services to the Division. The Division might also underwrite the cost of physical restoration and some medical services to clients in need of this type of rehabilitation service. For recommendations on interagency cooperation see Section D of this report.

C-4. FACILITIES AND WORKSHOPS

At the present time in Connecticut there is a special planning project for workshops and facilities. In addition there is a full-time facilities specialist in the Bureau of Community and Institutional Services. The final report of the Planning Project for Workshops and Facilities will be completed in 1969. Therefore, interim recommendations are made in this report. The analysis of the costs and priorities to be established will be detailed in the final report of the Planning Project for Workshops and Facilities.

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[1] The Digest of Connecticut Administrative Reports to the Governor, Vol. XXII, 1967 - 1968. p. 217.

RECOMMENDATION: Written agreements between the Division of Vocational Rehabilitation and rehabilitation centers and workshops must be reviewed periodically.

RECOMMENDATION: More sheltered workshops must be established because present workshops are not sufficient to meet the needs of those requiring this service.

RECOMMENDATION: The need for diagnostic centers must be investigated. See Sections B-C and C-2 of this report.

RECOMMENDATION: The Division should investigate the feasibility of more comprehensive vocational rehabilitation services in centers for resperatory disease.

RECOMMENDATION: The Division of Vocational Rehabilitation should experiment in providing grants to sheltered workshops rather than purchasing services on a client-to-client basis.

RECOMMENDATION: Rehabilitation facilities should be included in contemplated growth plans of hospitals, veteran's hospitals, and convalescent homes especially in rural areas where separate facilities may not be possible.

RECOMMENDATION: Combined housing and workshop for the handicapped should be developed to eliminate transportation problems.

RECOMMENDATION: The Division should survey available temporary housing for clients near rehabilitation facilities, and a directory of this housing should be compiled and distributed to the counselors of the Division.

RECOMMENDATION: The Division of Vocational Rehabilitation should purchase services only from facilities whose standards meet those required by the Division and those established by recent publications on workshops and facilities.

Approximately one out of every ten men who apply for enlistment in the army is rejected. Most rejections are for physical reasons, followed by mental reasons, and then moral reasons. When a man is rejected from the Army, Army regulations require that he be counseled on his employment reinstatement rights. The law protecting these rights requires that a man rejected from military service make re-application at his former place of employment at the next regularly scheduled working period following his return home. If the rejectee is unemployed, he is often referred to the Connecticut State Employment Service.

Because of the nature of the rejection regulations, many of those who are rejected for military service would be eligible for vocational rehabilitation by the Division of Vocational Rehabilitation. In fiscal year 1966-1967, of the 1547 rehabilitated by the Division, 397 were between the ages of 17-26. Rejectees are reported by the Division only if they are within this age range. Of these 397, approximately one-fourth (111) were military rejectees. Rejectees are being referred through the Connecticut State Employment Service and other sources; however, a more direct referral would be beneficial to rejectees.

RECOMMENDATION: *An automatic referral of military rejectees to the Division of Vocational Rehabilitation District offices through an agreement with recruiting offices of the armed forces should be established.*

This recommendation can be easily implemented with the cooperation of Army Recruiting officers in the State who by means of a simple phone call, or a form letter supplied by Division of Vocational Rehabilitation can refer the rejectee to a district office.

C-6. PUBLIC ASSISTANCE

"The 1967 General Assembly, with the wholehearted support of the Governor, enacted into law a number of major bills designed to strengthen and extend the welfare program." This legislation "enables the Department to become the leader of all jurisdictions in recognizing the human dignity and worth of people; in helping able-bodied people to become self-supporting by means of work or training; in helping to rehabilitate others who have a work potential; and in providing the best services to all people in need."[1]

The new laws provide for incentive earnings and exemption of income. Five dollars per month of additional social security benefits can be exempted. As an incentive toward full self-support, a portion of the pay of partially employed persons can be exempted for personal use. This includes incomes of older children. Children under 18 in families receiving Aid to Dependent Children may save a portion of their earnings for future educational or training needs after basic expenses have been met. Youth between 18 and 21 may have part of their earnings exempted to be set aside for future educational and training needs, and the eligibility age for a child has been raised from 18 to 21 if he is in school.

Of the 1547 clients rehabilitated in 1966-1967, 100 were referred to the Division by public and private welfare agencies. Of the 1948 clients rehabilitated in 1967-1968, 117 were referred to the Division by public and private welfare agencies. This referral indicates a working cooperation between the Division and welfare agencies. See also Section D-3 of this report.

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[1] Digest of Connecticut Administrative Reports to the Governor, Vol. XXI, 1966-1967, p. 302.

Connecticut has developed with special grants from the federal government a Work and Training Program for welfare clients.

> During the past three years since this program has been in operation under Title V of the Economic Opportunity Act, more than 3,100 families with dependent children have been trained, have become employed, and have left the public assistance rolls.
>
> The objective of the Welfare Work Training Program has been to provide the adult welfare recipient with constructive work experience and any other needed training to improve his employability, in order to help him to become self-supporting...
>
> Cumulatively over 6,120 welfare cases (which include current trainees which range from 800-1,200 at any point in time) have been involved in training designed to increase the participants' employability.[1]

C-7. THE RURAL DISABLED

A need for more facilities in the large area of the predominantly rural district of Norwich was expressed. See recommendations in Section C-4 and Section F-3 of this report. The Waterbury Regional Committee expressed the opinion that the Waterbury district is divided into disparate parts, one area largely urban and one area largely rural. This presents difficulty in administering vocational rehabilitation and the suggestion was made that the district either be sliced in half or be rearranged in conjuction with a rearrangement of the other districts. See Section F-3 of this report.

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[1] Digest of Connecticut Administrative Reports to the Governor, Vol. XXII, 1967-1968, p. 307.

C-8. SOCIAL SECURITY AND VOCATIONAL REHABILITATION [1]

The Bureau of Disability Determination administers the program of disability determination under the provisions of the Social Security Act. The Bureau Chief is responsible to the Division Director for carrying out the terms of the formal agreement between the Social Security Administration of the Department of Health, Education and Welfare, and the Board of Education of the State of Connecticut.

The responsibilities of the Bureau of Disability Determination and Disability Adjudicators in respect to the Division of Vocational Rehabilitation are as follows:

1. The screening of disability determination cases for vocational rehabilitation potential, and referral of appropriate cases.
2. The provision of medical, vocational and other data from the case files in conjunction with referrals.
3. The effective use and development of rehabilitation resources, including psychological, medical and vocational areas in coordination with the Division.
4. The coordination of medical relations and procedures with the Division.

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[1] The Connecticut State Plan for Vocational Rehabilitation, July 1, 1966.

C-9. DISABLED YOUTH

The 1968 Federal Amendments to the Vocational Rehabilitation Act provide for services to those who are handicapped by reason of their youth. It is anticipated that the Connecticut Legislature, in 1969, will amend the State Vocational Rehabilitation Act to concur with the federal legislation.

Connecticut has expressed its concern by setting up a Governor's commission on youth, the State Commission on Youth Services. This commission is charged

> to review and make recommendations to the Governor and General Assembly concerning state and local programs affecting the problems and needs of youth; initiate and supervise with the assistance of appropriate state agencies, research on the problems and needs of youth; provide staff and office services to focus the talent, activity and leadership of young people in working together with adults on youth problems; and in particular, direct its attention to programs of state, municipal and voluntary action designed to encourage young people to take maximum and continuing advantage of formal educational opportunities.[1]

The commission recommends among other programs that "formation be encouraged of more community treatment facilities for emotionally disturbed youth, such as group homes or half-way houses."[2]

Living facilities were mentioned several times as a problem for clients receiving vocational rehabilitation services, particularly young single clients. It would be appropriate for supervised living facilities to be established by the Division as half-way houses for young clients. A recommendation concerning living facilities is made in Section C-4 of this report.

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[1] Report and Recommendations to the Governor and General Assembly by the State Commission on Youth Services, February, 1967, p. 6.

[2] Ibid., p. 19.

The Commission also recommends that new and improved services should be provided for the prevention of delinquency and the rehabilitation of young offenders. Services should include juvenile protection for dependent and neglected youth and should encompass detention, after-care, probation, welfare services, and diagnostic and treatment services.

> RECOMMENDATION: *The Division of Vocational Rehabilitation must periodically provide the juvenile court and probation officers with a description of the services available and eligibility requirements so that Vocational Rehabilitation may be an alternative to punishment for first-time youthful offenders who may be school drop-outs and unemployed.*

C-10. WORKMEN'S COMPENSATION

The Workmen's Compensation Commission is a source of very few referrals for the Division. Of the 1547 rehabilitated in fiscal year 1966-1967, only one was referred by the Workmen's Compensation Commission. Of the 1948 rehabilitated in fiscal year 1967-68, three were referred by the Workmen's Compensation Commission.

There is a very old, non-operative written agreement between the Workmen's Compensation Commission and the Division of Vocational Rehabilitation.

The agreement between the Division of Vocational Rehabilitation and the Workmen's Compensation Commission must be revised to provide: a system of routine referrals of newly severely injured persons to the Division of Vocational Rehabilitation; routine impartial rehabilitation evaluation of the newly injured worker by the Division of Vocational Rehabilitation; and information to injured workers of their eligibility for Comprehensive Rehabilitation Services.

C-11. VOLUNTARY ORGANIZATIONS

The appendix of this report contains a list of voluntary organizations. The Division of Vocational Rehabilitation buys services from many of these agencies and organizations and is in a position to be an influence on cooperation and the maintenance of standards among these agencies. A recommendation is made concerning standards in Section F-6 of this report and Cooperation is discussed in Section D.

C-12. SCHOOL SERVICES

It was recommended at the Public Hearing that all handicapped youngsters be accomodated and trained vocationally and counseled at all of Connecticut's elementary and high schools, or that special schools be built especially designed for their needs. Connecticut has several special schools for the blind and for those who are deaf. There are also institutions which provide education for the mentally retarded. The public schools do have programs for some types of handicaps. Charts of the programs in Connecticut schools follow.

Since integration of the handicapped into the rest of society is a necessity, expansion of school programs rather than the construction of separate facilities must be encouraged.

RECOMMENDATION: *The Division of Vocational Rehabilitation must expand its counselor services in the public schools. The placement of an initial or additional counselor and clerk in each of the following schools is recommended.*

Hartford Public High School	*Newington Schools*
Norwalk Schools	*Waterbury Schools*
Stratford High School	*New Haven Schools*
Avon Schools	

Three additional clerks will also be needed: one in the Hartford District Office, one in the Bridgeport District Office, and one in the Division's Central Office.

RECOMMENDATION: *The Division of Vocational Rehabilitation should make its school counselor service conditional upon the removal of any achitectural barriers remaining in the schools. Barriers should be pointed out by the Division to the schools.*

It was also noted at the Public Hearing that parents of handicapped children often need motivation as much or more than their children. It was suggested that Vocational Rehabilitation counselors advise parents also when it appears to be necessary or beneficial to the handicapped child's progress.

CHART C-I

PUBLIC SCHOOL SERVICES FOR EXCEPTIONAL CHILDREN

BRIDGEPORT REGION

TOWN	Learning Disabilities	Mental Retardation	Emotionally Disturbed	Physically Handicapped	Speech & Hearing	Gifted & Talented	Perceptually & Neurologically Impaired	Legally Blind & Partially Sighted	Social Work Services	Psychological Services
1. Bethel		x	x			x				x
2. Bridgeport		x	x	x	x	x	x	x	x	x
3. Brookfield		x								x
4. Danbury		x			x	x			x	
5. Darien		x	x		x	x		x		x
6. Easton	x	x	x				x			x
7. Fairfield	x	x	x		x	x	x	x	x	x
8. Greenwich	x	x	x		x	x		x	x	x
9. Monroe		x			x					
10. New Canaan	x	x			x	x			x	x
11. New Fairfield	x	x					x			x
12. Newtown	x	x			x					x
13. Norwalk	x	x	x		x	x	x	x	x	x
14. Redding	x	x	x			x	x			x
15. Ridgefield		x			x	x		x	x	x
16. Stamford		x	x		x	x	x	x	x	x
17. Stratford		x		x	x				x	x
18. Trumbull		x	x		x	x	x		x	x
19. Weston		x								
20. Westport		x			x	x		x	x	x
21. Wilton	x	x			x	x			x	x

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[1] Connecticut State Department of Education, Bureau of Pupil Personnel and Special Education Services, *Directory of Public School Services to Exceptional Children*, 1967-1968.

CHART C-2

PUBLIC SCHOOL SERVICES FOR EXCEPTIONAL CHILDREN

HARTFORD REGION

TOWN	Learning Disabilities	Mental Retardation	Emotionally Disturbed	Physically Handicapped	Speech & Hearing	Gifted & Talented	Perceptually & Neurologically Impaired	Legally Blind & Partially Sighted	Social Work Services	Psychological Services
1. Avon		x				x				x
2. Berlin		x			x		x		x	x
3. Bloomfield		x	x		x	x	x		x	x
4. Bolton		x							x	
5. East Granby	x	x							x	
6. East Hartford		x			x	x			x	x
7. East Windsor		x					x		x	
8. Ellington		x			x	x			x	
9. Enfield		x	x		x	x	x			x
10. Farmington		x			x	x				x
11. Glastonbury	x	x	x		x	x	x			x
12. Granby	x	x								
13. Hartford		x	x	x	x	x	x	x	x	x
14. Manchester		x		x	x	x	x		x	x
15. New Britain		x		x	x	x		x	x	x
16. Newington	x	x	x	x	x		x		x	x
17. Plainville	x	x						x	x	x
18. Rocky Hill		x			x		x			x
19. Simsbury		x			x	x				x
20. Somers		x							x	x
21. South Windsor	x	x	x			x				x
22. Stafford		x							x	
23. Suffield		x	x		x				x	x
24. Tolland		x							x	
25. Union									x	
26. Vernon		x			x		x		x	x
27. West Hartford		x	x	x	x		x	x		x
28. Wethersfield	x	x	x		x	x	x		x	x
29. Willington		x							x	
30. Windsor Locks	x	x							x	
31. Windsor		x	x		x	x	x		x	x

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[1] Connecticut State Department of Education, Bureau of Pupil Personnel and Special Education Services, Directory of Public School Services to Exceptional Children, 1967-1968.

CHART C-3

PUBLIC SCHOOL SERVICES FOR EXCEPTIONAL CHILDREN

NEW HAVEN REGION

TOWN	Learning Disabilities	Mental Retardation	Emotionally Disturbed	Physically Handicapped	Speech & Hearing	Gifted & Talented	Perceptually & Neurologically Impaired	Legally Blind & Partially Sighted	Social Work Services	Psychological Services
1. Ansonia		x			x					
2. Bethany		x			x					x
3. Branford	x	x			x				x	
4. Chester		x							x	x
5. Clinton	x	x			x	x			x	x
6. Cromwell		x	x		x		x		x	x
7. Deep River		x							x	x
8. Derby		x			x					
9. Durham		x						x	x	x
10. East Haddam	x	x	x		x		x		x	
11. East Hampton		x			x					
12. East Haven	x	x			x	x				x
13. Essex		x							x	x
14. Guilford		x			x				x	x
15. Haddam		x								x
16. Hamden	x	x			x				x	x
17. Killingworth									x	x
18. Madison	x	x	x			x			x	x
19. Meriden	x	x	x		x		x	x	x	x
20. Middlefield		x	x						x	
21. Middletown		x			x	x		x	x	x
22. Milford		x	x	x	x		x	x		x
23. New Haven		x	x	x	x	x	x	x	x	x
24. North Branford	x	x			x				x	x
25. North Haven		x			x	x			x	x
26. Old Saybrook		x			x					
27. Orange	x	x			x					x
28. Portland	x	x			x			x	x	x
29. Seymour		x	x				x			x
30. Shelton		x			x					x
31. Southington	x	x			x					x
32. Wallingford		x			x	x			x	x
33. Westbrook	x	x	x						x	x
34. West Haven		x	x		x		x	x	x	x
35. Woodbridge		x								x

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[1] Connecticut State Department of Education, Bureau of Pupil Personnel and Special Education Services, Directory of Public School Services to Exceptional Children, 1967-1968.

CHART C-4

PUBLIC SCHOOL SERVICES FOR EXCEPTIONAL CHILDREN

NORWICH REGION

TOWN	Learning Disabilities	Mental Retardation	Emotionally Disturbed	Physically Handicapped	Speech & Hearing	Gifted & Talented	Perceptually & Neurologically Impaired	Legally Blind & Partially Sighted	Social Work Services	Psychological Services
1. Andover		x							x	
2. Ashfords		x							x	
3. Bozrah		x							x	
4. Brooklyn		x				x		x		x
5. Canterbury		x								x
6. Chaplin		x							x	
7. Colchester		x	x				x		x	x
8. Columbia		x							x	
9. Coventry	x	x							x	x
10. Eastford		x							x	
11. East Lyme		x	x			x	x			x
12. Franklyn		x							x	
13. Griswold		x						x		x
14. Groton		x			x		x	x	x	x
15. Hebron		x							x	
16. Hampton		x							x	
17. Killingly		x								x
18. Lebanon		x							x	
19. Ledyard		x			x		x	x		
20. Lisbon		x								
21. Lyme									x	
22. Marlborough		x							x	
23. Mansfield		x	x		x		x		x	
24. Montville	x	x	x				x			
25. New London		x	x		x			x		x
26. North Stonington		x								
27. Norwich		x				x	x			x
28. Old Lyme		x			x					
29. Plainfield		x						x		x
30. Pomfret		x								x
31. Preston		x								
32. Putnam		x						x		x
33. Salem		x							x	
34. Scotland		x							x	
35. Sprague		x								
36. Sterling		x								x
37. Stonington	x	x			x			x		
38. Thompson		x								x
39. Voluntown		x								
40. Waterford	x	x	x		x		x	x		x
41. Windham	x	x			x	x			x	x
42. Woodstock		x								x

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[1] Connecticut State Department of Education, Bureau of Pupil Personnel and Special Education Services, *Directory of Public School Services to Exceptional Children*, 1967-1968.

CHART C-5

PUBLIC SCHOOL SERVICES FOR EXCEPTIONAL CHILDREN

WATERBURY REGION

TOWN	Learning Disabilities	Mental Retardation	Emotionally Disturbed	Physically Handicapped	Speech & Hearing	Gifted & Talented	Perceptually & Neurologically Impaired	Legally Blind & Partially Sighted	Social Work Services	Psychological Services
1. Barkhamsted		x							x	
2. Beacon Falls		x			x					
3. Bethlehem		x			x					
4. Bridgewater		x								
5. Bristol	x	x			x	x		x	x	x
6. Burlington		x								x
7. Canaan					x					
8. Canton	x	x	x				x			
9. Cheshire		x			x				x	x
10. Colebrook		x							x	
11. Cornwall										
12. Goshen		x								
13. Hartland		x							x	
14. Harwinton										x
15. Kent										x
16. Litchfield		x				x				x
17. Middlebury		x	x							x
18. Morris										
19. Naugatuck		x	x		x		x			x
20. New Hartford		x							x	
21. New Milford			x							x
22. Norfolk		x							x	
23. North Canaan										
24. Oxford			x							x
25. Plymouth	x	x								x
26. Prospect	x	x			x	x				
27. Roxbury		x								
28. Salisbury										
29. Sharon		x								
30. Sherman		x								
31. Southbury		x								x
32. Thomaston	x	x								x
33. Torrington		x								
34. Warren										
35. Waterbury	x	x	x	x	x			x	x	x
36. Washington										x
37. Watertown	x	x			x				x	x
38. Winchester**		x			x				x	
39. Wolcott	x	x			x	x		x		x
40. Woodbury										

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[1] Connecticut State Department of Education, Bureau of Pupil Personnel and Special Education Services, Directory of Public School Services to Exceptional Children, 1967-1968.

D. INTERAGENCY COORDINATION OF SERVICE PROGRAMS

The Technical Advisory Committee on Interagency Coordination stated in its final report that "In our judgement all piecemeal efforts at cooperation are foredoomed to failure (witness the current disordered and fragmented operation of service agencies) without the supporting structure of coordinated State planning." The effective cooperation of agencies and the achievement of a dynamic service system, it was also pointed out, could only be achieved by authority stemming directly from the Office of the Governor.

The coordination of service programs must be dynamic, flexible and creative, and must involve all the concerned state agencies, the voluntary health agencies, and the Federal government. The management and control of such a system, as suggested by Professor Stanley Young,[1] is shown in Chart I which follows. The chart was amended to include the Legislature, the Governor's Coordinating Council, and other Councils. These three elements were included in a coordinating plan designed by Sholom Bloom[2] which paralleled Dr. Young's plan. Mr. Bloom's model is also included as Chart II. The coordination with other State planning will also be shown to be best organized under an over-all organization as shown in Chart I in Section E. The Governor's Coordinating Council is seen by the Technical Advisory Committee as the group whose major function

[1] Appendix, p.37

[2] Appendix, p.351

CHART D-1

NETWORK MANAGEMENT (EXTERNAL)

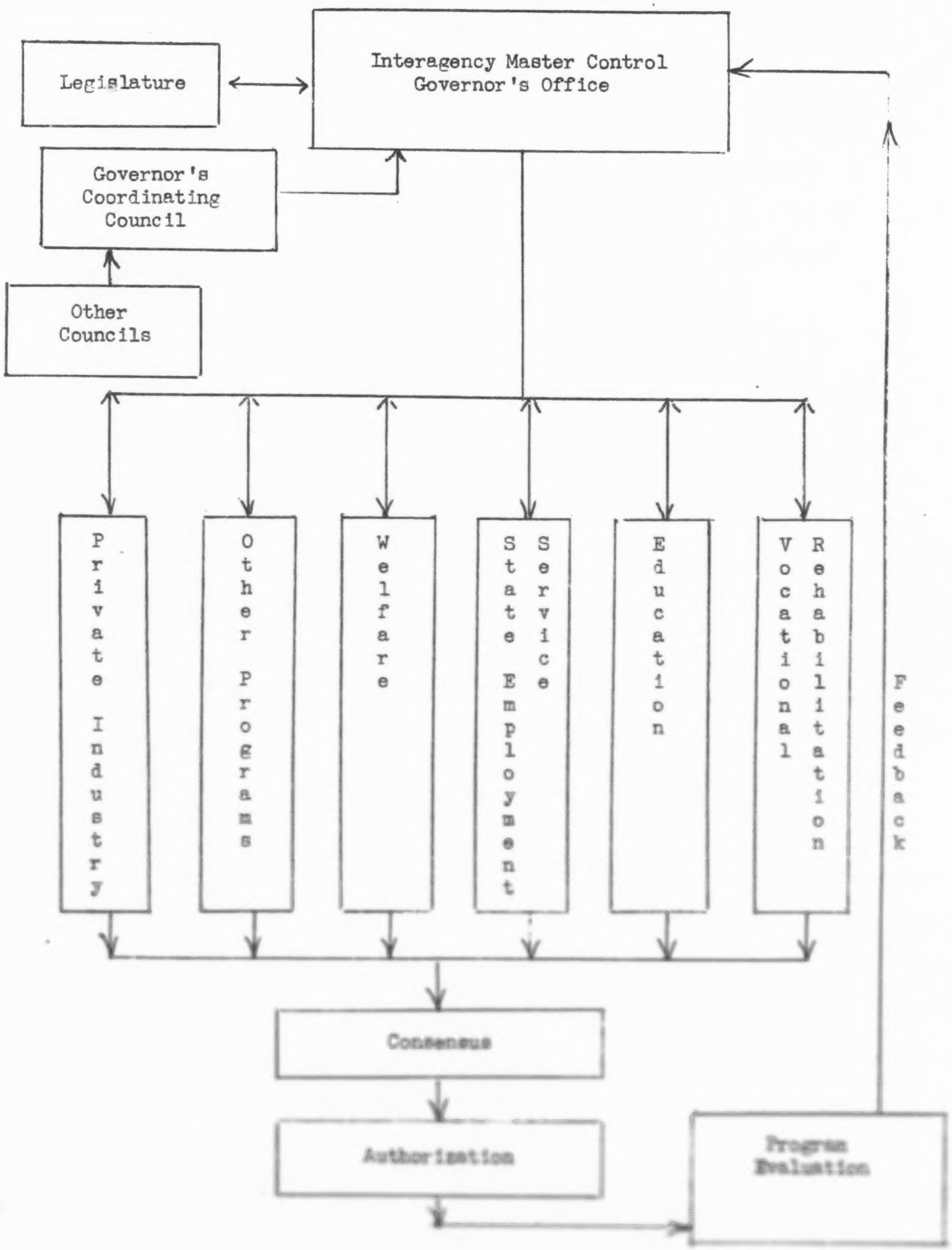
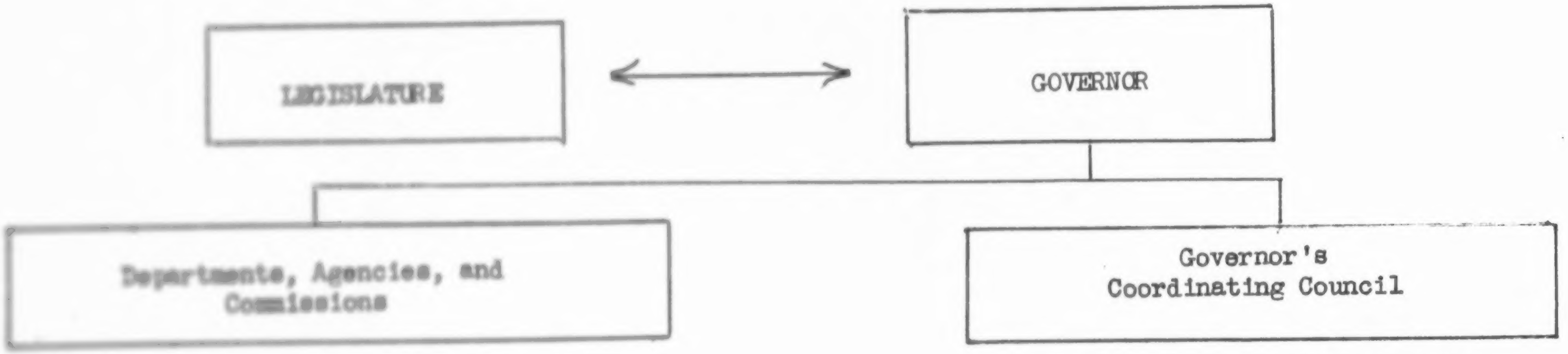

Legislature
Interagency Master Control
Governor's Office
Governor's Coordinating Council
Other Councils
Private Industry
Other Programs
Welfare
State Employment Service
Education
Vocational Rehabilitation
Feedback
Consensus
Authorization
Program Evaluation

CHART D- 2

MODEL FOR EFFECTIVE PUBLIC AND PRIVATE AGENCY COORDINATION AND DELIVERY OF SERVICES


LEGISLATURE
GOVERNOR
Departments, Agencies, and Commissions
Governor's Coordinating Council

Health
Welfare
Education
Mental Health
Community Affairs
Public Works
Labor
Corrections
Finance and Control
Other

Interagency Coordinating Council
Manpower - Training and Coordinating Council
  Executive training, worker orientation, Technical courses for Staff, utilization of scientific knowledge, consultation skills laboratory, human relations skills laboratory
Federal-State Coordinating Council
Legislative Coordinating Council
Research Coordinating Council
Fiscal Coordinating Council

BASIC ELEMENTS

Computerization and automation (data gathering, reporting, storage, retrieval)
Communication (teletyping, linkage, feedback, feed forward)
Information and Referral Agent at Local/Regional level
Technical Advisory Group (task force of scientists from State and local Universities)
  organizational behavior, system analysis, urbanology, political science, public administration, social welfare

would be the establishment of goals and priorities for state agencies based on prior problem analysis. Membership would consist of highly qualified specialists, scientists, lay members drawn from the Governor's Councils and from the community. Suggested Councils to serve under the Governor's Coordinating Council are as follows: Inter-Agency Coordinating Council, Manpower Training and Coordinating Council, Federal-State Coordinating Council, Legislative Coordinating Council, Research Coordinating Council, Fiscal Coordinating Council, and a Computer and Communications Center. Membership on these committees would include appropriate representation from agencies, labor, professions and the community.

A Governor's Technical Advisory Group should be appointed to implement the design of an Inter-Agency Coordination Plan, as lack of such a system is the source of much aggravation among agencies. Services are repeated; there are long lapses between referrals and service; and sometimes services are omitted altogether. Several of the Regional Committees expressed an interest in the idea of regional information and referral bureaus to disseminate information covering agencies' services; services given to clients; and their current progress. The Technical Advisory Committee also indicated that there is a need for a control by which each case referred by any agency could be identified at any particular time in relation to status and progress.

The Technical Advisory Committee suggested local and/or major regional information and referral specialists as well as a Computer and Communications Center to which these specialists would have access as a solution to the referral problem.

> RECOMMENDATION: *The Division of Vocational Rehabilitation should, as a service to all state agencies, conduct a survey to determine precisely the client information these agencies need. The willingness and ability of agencies to supply such information should also be determined.*

There was agreement among the members of the committee on Interagency Coordination that interagency staff training programs be established. This was felt to be extremely important since the effectiveness of the staff members depends upon their knowledge, training, and techniques. Such training programs familiarize the agency worker with services available from other agencies and allow for a coordinated approach in client services. To be effective, these programs should be conducted on an ongoing or periodic basis. The present system, in many instances, is casual, and the agency worker is faced with a trial and error method of learning about community resources and services.

The Committee recommends a structured plan of orientation and training between vocational rehabilitation workers and other agencies for the purpose of learning the scope and specifics of service provided by the cooperating agencies. A prior knowledge of existing resources saves time, not only from the point of view of the agency, but also in speeding up the rehabilitation process of the client.

> RECOMMENDATION: *The Division of Vocational Rehabilitation should request the Training Division of the State Personnel Department to take the responsibility for initiating an interagency staff training program.*

Although several agencies have working relationships and/or cooperative arrangements with the Division of Vocational Rehabilitation, it is the consensus that a written agreement has many advantages. A written agreement provides a joint statement of principles of cooperation so that the activities of each agency can be coordinated to provide the best possible service to disabled persons. The agreement should include a description of the services provided by the cooperating agencies, the method of interagency referral, the personnel designated to carry out the commitments of each agency, the information dissemination procedure, and the stated interval of periodic review of the terms of the agreement. A written agreement does not, of itself, assure cooperation, coordination, and delivery of services. Planned joint sessions are essential to the implementation of the terms of the agreement. The workers should be oriented to the service commitments of their agencies, and also should be made aware of their responsibilities in delivering appropriate and timely services to the client.

> RECOMMENDATION: *The Division of Vocational Rehabilitation should organize committees composed of the Division of Vocational Rehabilitation staff and staff of agencies with which the Division of Vocational Rehabilitation has written agreements, for the purposes of reviewing these agreements periodically and coordinating programs of services between the agencies.*

The Regional Committees felt that the Division of Vocational Rehabilitation should take the responsibility for coordination, and for fostering communications among the agencies whose services it purchases. The Committees expressed the opinion that their meetings had been useful for discussion of mutual problems and promotion of agency cooperation. They suggested that the Regional Committees continue for these two purposes.

> RECOMMENDATION: *The Division of Vocational Rehabilitation should take the responsibility of expanding these Regional Committees and of corrdinating their efforts.*

In addition to working with Regional Committees in various parts of the State, the vocational rehabilitation system should establish liaison with other regional planning agencies such as the Capitol Regional Planning Agency and the Central Naugatuck Valley Regional Planning Agency.

The Division of Vocational Rehabilitation and the Connecticut State Employment Service have a working agreement which has been in effect for a number of years. The Cooperation is regularized by means of the formal agreement and through a continuous flow of informal exchanges. The formal agreement covers areas of referral procedure, agreement on service conditions, reciprocal arrangements, employer relationships, public understanding, confidentiality of information and evaluation of working relationships.

The informal inter-agency cooperation comprises case conferences, committee work, public relations, and open lines of communication. This area reflects the attitudes and practices of staff members who relate to each other in a climate of cooperation. The existing formal agreement between the Division of Vocational Rehabilitation and the Connecticut State Employment Service does not comply with the most recent Department of Health, Education and Welfare, Social Rehabilitation Services Guidelines. There is a need to modify the written agreement to include service to "disadvantaged persons," "persons with behavior disorders," and the "aging," who may benefit from rehabilitation or manpower services. An addendum to the written agreement would not insure maximum exchange; however, it would provide both agencies with guidelines and specific knowledge of services.

RECOMMENDATION: *The written agreement between the Division of Vocational Rehabilitation and the Connecticut State Employment Service must be updated to reflect the change in eligibility requirements expressed in the 1968 federal Vocational Rehabilitation Amendments.*

D-2. MANPOWER DEVELOPMENT AND TRAINING ACT PROGRAM

The Connecticut Division of Vocational Rehabilitation was operationally involved with the Manpower Development Training Program in an informal and limited sense prior to the issuance of the 1968 Amendments to the vocational rehabilitation legislation. Reciprocal referrals were made between the agencies when appropriate, and the Director of the Statewide Planning Project for Rehabilitation Services has acted as a consultant to the Manpower Development and Training Act Planning Council. The Manpower Development and Training Act program staff realized that a population characteristic, and the economic and social values of their clientele created problems which demanded corresponding adjustment in social services. The disproportionate number of people over 65 and under 16 among their clientele as well as the unserved client who needs services but because of unique circumstances does not meet any agencies' eligibility requirements must be served by new and flexible programs.

In this regard, the Division of Vocational Rehabilitation will coordinate its planning with the Manpower Development and Training Act Program efforts as shown in Section V, The Composite Working Plan, of this report. The Composite Working Plan stresses client's needs, and improvement of referral linkage between various organizations, as well as effective client flow for continuity of service.

The administrative framework through which the rehabilitation services and Manpower Development and Training Act needs will be interagrated is partially represented by the proposed Gevernor's Planning Council. However, direct inter-agency linkage on an ongoing operation will be established in the near future.

The passage of the 1968 Vocational Rehabilitation Amendments permits new services for the rehabilitation of vocationally handicapped recipients of public assistance. This will necessitate the pooling of information and services by the Division of Vocational Rehabilitation and Manpower Development and Training Act agencies.

The setting of these service goals and the achievement of such goals requires the cooperative planning of Manpower Development and Training Act agencies and the Division of Vocational Rehabilitation. Arrangements are presently underway to compile a written agreement between the Division of Vocational Rehabilitation and Manpower Development and Training Act agencies.

D-3. PUBLIC WELFARE

The present joint agreement between the Division of Vocational Rehabilitation and the State Welfare Department, dated November, 1965, supersedes the agreement dated November 1, 1954. The updated agreement provides for the extension of services to "behavior disorders," "aging," and "socially disadvantaged groups." Plans for cooperative work on individual cases are initiated and carried out by workers representing the respective district office of each agency. As they are needed, principles and policies of cooperation are formulated in joint conferences by representatives of the respective agencies.

The existing written agreement makes no provisions for a network system of interagency referral flow. No amendment has been made to the formal agreement regarding the relationship to the Manpower Development Training Program despite passage of the 1968 amendments and the initiation of new Federally sponsored programs. See Section C-6 of this report for a summary of the Work and Training Program conducted by the Welfare Department under federal auspices.

> RECOMMENDATION: *The Division of Vocational Rehabilitation and the Welfare Department's written agreement must be amended to provide cooperative implementation of federally legislated social rehabilitation programs. It is further recommended that guidelines for the operation of such programs become an integral part of this written agreement when they are appropriate. The Division's present methods of referral, intake, and disposition of cases tend to be inadequate for the typical welfare recipient. The formal agreement between The Division of Vocational Rehabilitation and the Welfare Department should contain a modification of the referral procedure, the out-reach, and the continuity of service.*

See Section B-6 of this report for recommendations relating specifically to the socially and culturally disadvantaged.

D-4. EDUCATION

In the State of Connecticut, the Division of Vocational Rehabilitation and the Bureau of Pupil Personnel and Special Educational Services (both of the State Department of Education) and local school systems cooperate on an organized and systematic basis which is based on an operational plan. (A copy of this plan is included in Volume II of this report beginning on page 374.)

Administratively and operationally the cooperative programs are carried out within various school settings in order to assure continuous and uninterrupted services. Typically, when a school system applies for needed services, the Connecticut State Department of Education and the Division of Vocational Rehabilitation work together with the school system in developing the required vocational rehabilitation services. A written agreement is then formalized between the Department of Education, the Division of Vocational Rehabilitation and the local school system.

Representatives of colleges, universities, public schools and training schools serve on task force committees throughout the State. The collaborative action of various task force committees, collection and exchange of information, joint conferences, workshops and institutions, in-service training of personnel, community planning, joint projects, and state legislative planning, serve to increase interagency cooperation. They also serve to keep the public informed of various social and educational rehabilitation programs.

Although special education and vocational programs have expanded and developed at a rapid rate, and facilities and resources have been fused through cooperative programs so that the disabled youth receives maximum benefit, some school districts have not taken advantage of the operational plan. See Section C-12 of this report for a summary of existing and proposed services in the public schools.

D-5. PUBLIC HEALTH

The Connecticut Department of Health is composed of three offices: The Office of Public Health, which includes the Crippled Children Section; The Office of Mental Retardation; and The Office of Tuberculosis Control, Hospital Care and Rehabilitation. The Division of Vocational Rehabilitation works with all three of these Offices.

Under the Crippled Children Section there are various clinics throughout the State which service the needs of crippled children. The latest written agreement between the Division of Vocational Rehabilitation and the Crippled Children Section is dated January 1, 1951. This agreement provides for counseling, guidance and other rehabilitation services for crippled children who are referred to the Division of Vocational Rehabilitation by the Crippled Children Section. This joint agreement contains a basic guideline for referral of crippled children. Division of Vocational Rehabilitation plans to modify and update the joint agreement for the purpose of insuring maximum utilization and development of services and facilities for crippled children.

A third party financing plan for meeting the vocational rehabilitation needs of eligible mentally retarded individuals being serviced by training schools and regional centers, including both the residential and day case loads, is being formulated between Division of Vocational Rehabilitation and the office of Mental Retardation. The plan will place Division of Vocational Rehabilitation personnel directly in training schools and regional centers for the screening of all referrals. See Section B-5 of this report for recommendations concerning the mentally retarded.

Tuberculosis facilities in Connecticut are in the process of extending their hospital care to patients with advanced emphysema and other respiratory diseases. The present written agreement between the Division of Vocational Rehabilitation and the Office of Tuberculosis Control, Hospital Care and Rehabilitation does not include these disability groups. However, plans regarding their inclusion are underway. A recommendation concerning the construction of a vocational rehabilitation facility for patients with respiratory diseases has been made in Section C-4 of this report.

D-6. VOLUNTARY ORGANIZATIONS

In general, Connecticut voluntary organizations are concerned with obtaining more communication related to programs and services offered for the various disability groups. They are also vitally interested in planning and in the financial assistance available to their respective groups. Liaison is maintained with these groups by the Bureau of Community and Institutional Services within the Division of Vocational Rehabilitation.

The aspect of public relations with these voluntary organizations is covered in Section F-1 of this report.

A recommendation concerning standards of services to be provided by voluntary organizations is made in Section F-6 of this report.

D-7. REFERENCE TO ITEMS UNDER C

Existing and recommended written agreements are discussed under the individual programs and agencies they relate to in other parts of this report.

D-8. OTHERS

Most of the federally sponsored programs connected with manpower and community improvement in Connecticut are administered by the Department of Community Affairs which was established in 1967. The placement of these programs under one administrative agency permits close coordination of the programs. Currently the Division of Vocational Rehabilitation has no formal written agreement with the Department of Community Affairs, however, many informal contacts have been made. The nature of the programs administered by the Department however, encourages inter-personal contact between professionals of the various agencies. For example, the Cooperative Area Manpower Planning System (CAMPS) has coordinating committees throughout the State, which study manpower needs. These committees are composed of State departmental representatives from Labor, Welfare, Education, Agriculture, and other State Agencies, and private businesses.

The objective of the Model Cities Program is to coordinate programs and services in small geographic areas in order to achieve an integrated and effective community. The agency designated to administer the Model City funds in a geographic area receives technical and financial assistance and advisory service from the Commissioner of Community Affairs. Cities designated to receive funds for the Model Cities program include the following: Hartford, New Haven, Bridgeport, Waterbury and New London. Waterbury and New London are in the planning stage. New Haven and Bridgeport have had their plans accepted. In Hartford an Interim Demonstration Agency, a majority of whose members consist of representatives of the target area neighborhoods, is currently reviewing the original proposed program preparatory to execution of the planning grant contract. The Administrator of the Hartford Interim Demonstration Agency serves as a member of the Cooperative Area Manpower Planning System Coordinating Committee for the Hartford area.

In Connecticut, several Neighborhood Centers are located in poverty areas, each staffed with workers familiar with the problems of the people they serve. It is their duty to identify needs and make recommendations to the Cooperative Area Manpower Planning System agencies. Neighborhood Centers within various geographic areas have established ongoing Task Force Committees through which problems in isolated centers are discussed and solutions suggested. Representatives from each of these Task Force Committees also serve on the Cooperative Area Manpower Planning System Coordinating Committees. The Division of Vocational Rehabilitation must use the outreach capabilities of the Neighborhood Centers. The Division should keep the personnel of the Centers aware of the eligibility requirements and referral procedure of the Division. It is also possible that the diagnostic centers recommended in Section B-6 of this report could be located within or near the Neighborhood Centers.

The Concentrated Employment Program is a series of interrelated systems designed to reach the hard core unemployed and underemployed. The program will provide new linkage which will more effectively tie together already existing agencies and industry seeking to reach effectively the most disadvantaged throughout the State. Model Cities personnel and residents of the Model Cities target areas throughout the State serve on the Concentrated Employment Program Advisory Committee, and Concentrated Employment Program representatives serve on the Cooperative Area Manpower Planning System Coordinating Committees.

E. COORDINATION WITH OTHER STATE PLANNING

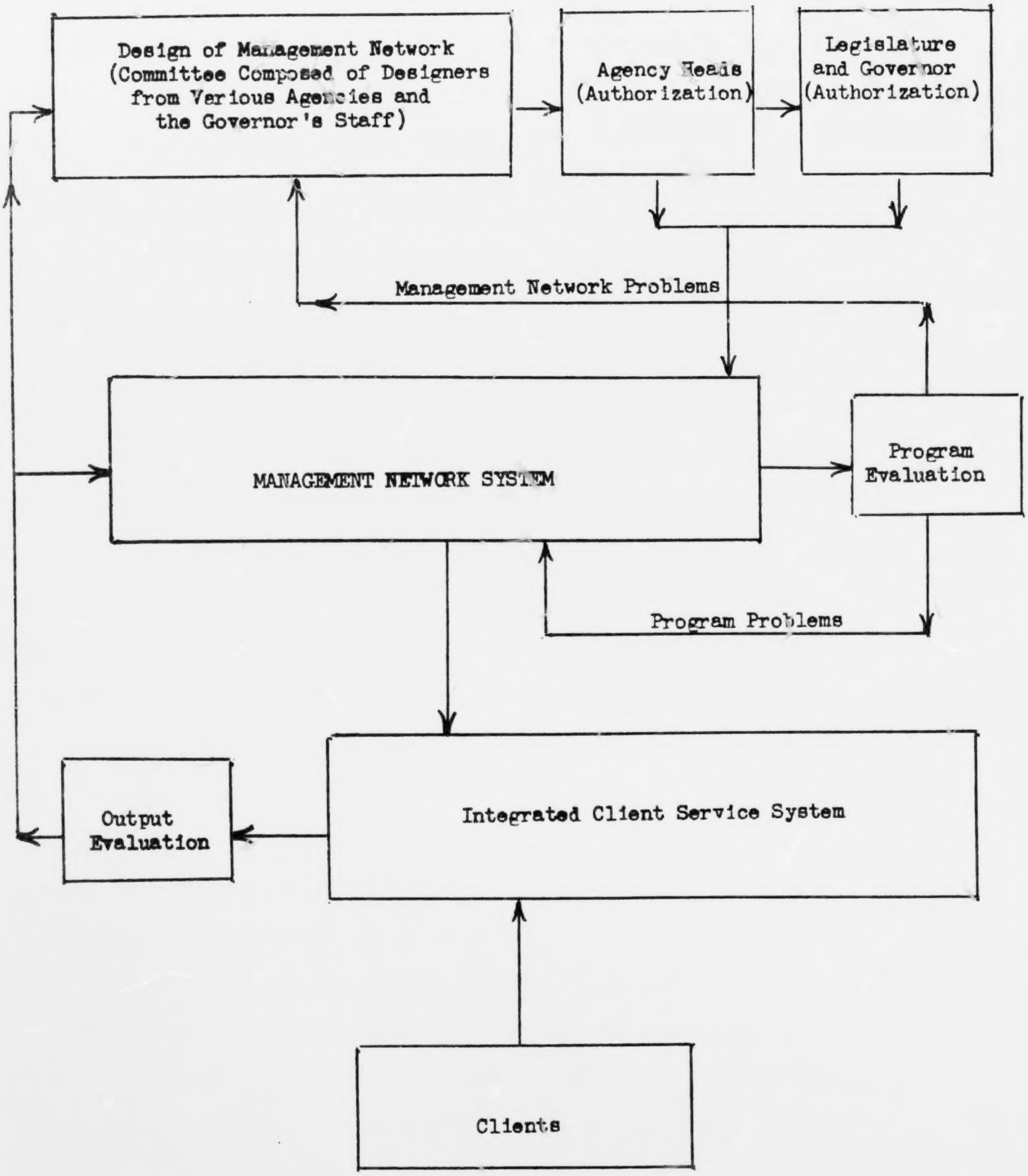
A combination of Dr. Stanley Young's plan (APPENDIX, p. 37) and Sholom Bloom's plan (APPENDIX, p. 356) for interagency coordination includes a Governor's Coordinating Council which would charged with the planning of goals and priorities ,for State agencies. A Council, which could serve the functions suggested by Dr. Young and Mr. Bloom, was created by the Legislature in Public Act No. 697, An Act Creating a State Planning Council and a Standing Legislative Committee on State Planning and Development. (June 1967.

A suggested practical method by which the Council may effect its planning is a network management system design by Stanley Young, Ph.D., which is planned to flow smoothly in a continuous process with provision for feedback and revision of any programs which do not function properly.

A chart of the system proposed by Dr. Young follows.

CHART E-1

NETWORK MANAGEMENT SYSTEM DESIGN


Design of Management Network (Committee Composed of Designers from Various Agencies and the Governor's Staff)
Agency Heads (Authorization)
Legislature and Governor (Authorization)
Management Network Problems
MANAGEMENT NETWORK SYSTEM
Program Evaluation
Program Problems
Output Evaluation
Integrated Client Service System
Clients

E-1. PLANNING RELATIVE TO THE POVERTY STRICKEN

The massive increase in federally-financed programs has proviced both stimulus and necessary funds for local, regional, and statewide planning in Connecticut, relative to the poverty stricken. Most of this planning for poverty in Connecticut falls under the jurisdiction of the Department of Community Affairs. The Department's functions are discussed in Sections C-3 and D-8 of this report.

Individuals within the Department of Community Affairs have been active on this Statewide Planning Project for Vocational Rehabilitation. The Chairman of the Connecticut Cooperative Area Manpower Planning System Statewide Coordination Committee was a member of the Governor's Planning Council for the Statewide Planning Project for Vocational Rehabilitation Services. Other representatives of the Cooperative Area Manpower Planning System, local, regional, and statewide coordinating committees, served on the Regional Committees of the Statewide Planning Project for Vocational Rehabilitation Services. Coordination of the planning for the human services is encouraged at the State level by the formation in 1967 of the State Planning Council.

E-2. MENTAL HEALTH PLANNING

The overall coordination of Mental Health Planning with other planning in the State reflects the basic recommendation of The Plan for Comprehensive Mental Health Services for the Communities of Connecticut, published in 1965. Structurally, the State of Connecticut Department of Mental Health consists of a central office and fourteen regional offices. The central office includes five divisions, one of which is the Office of Policy Planning and Program Development. This Office coordinates all research and evaluates planning data received from the fourteen Regional Mental Health Planning Councils. The Planning Councils insure flexible representation, geographically, of agencies, professionals, and consumers, as well as other interested persons in the planning and coordination process. The Commissioner of Mental Health, in turn, bears the responsibility of reporting and coordinating all mental health planning with other State planning through the State Planning Council.

E-3. MENTAL RETARDATION PLANNING

The Mental Retardation Planning report, Miles to Go, provides guidelines for mental retardation planning, relating it to other planning in the State. Although the mental retardation planning project and the mental health planning project were conducted separately, the two agencies jointly plan programs in order to meet mental health and mental retardation needs in Connecticut.

The Commissioner of Mental Health and the Commissioner of Mental Retardation secure effective information and planning data from the Office of Policy Planning and Program Development. This arrangement facilitates continuous coordination of services for these two related agencies.

E-4. VOCATIONAL AND SPECIAL EDUCATION AND EXPANSION OF SERVICES TO THE HANDICAPPED

Educational cooperation and planning is discussed in Section D-4 of this report. The organizational structure of the collaborative plan between the Division of Vocational Rehabilitation and the Bureau of Pupil Personnel and Special Education Services provides a basis for sound cooperative planning between the Division and the school systems throughout the State.

There is also a cooperative agreement initiated October 31, 1968 between the Division of Vocational Education and the Division of Vocational Rehabilitation which provides for medical services for Manpower Development Training Act applicants and trainees.

E-5. HILL-BURTON PLANNING FOR REHABILITATION FACILITIES

In Connecticut, Hill-Burton planning for workshops and facilities is based on active participation with other planning in the State, on a statewide basis.

Each plan for the construction of a rehabilitation facility contains intensive inventories of the area's needs and existing resources. Active consultation with the Division of Vocational Rehabilitation, local planning councils, community members, and private agencies is required in order to ascertain inventory data.

The Hill-Burton Advisory Council, composed of members from the Division of Vocational Rehabilitation, Public Health Service, other State agencies, representatives of the regional office of the Rehabilitation Services Administration, and community members, review and evaluate applications. Analysis and interpretation of these proposals by the Council is followed by the development of recommendations, stressing priorities.

E-6. REHABILITATION WORKSHOPS AND FACILITIES PLANNING (STATE DIVISION OF VOCATIONAL REHABILITATION)

A project closely related to this present project, the Statewide Planning Project for Facilities and Workshops, is in its initial stage of development. Major progress on this project has been limited because of changes in its directorship. The third project director has maintained a close working relationship with members of the Statewide Planning Project for Vocational Rehabilitation Services.

It is anticipated that needs identified and recommendations made by the Statewide Planning Project for Vocational Rehabilitation Services will be included in the final report of the Statewide Planning Project for Vocational Rehabilitation Facilities and Workshops.

E-7. COMPREHENSIVE HEALTH PLANNING

The State of Connecticut Health Planning (CHP) Project, which was established by Public Law 89-745, is presently in an early planning phase. The State Coordinator of Comprehensive Health Planning served on the State Planning Council for Vocational Rehabilitation Services and the Interagency Cooperation Technical Advisory Committee. Close liaison was maintained by representatives of both projects in order that relevant statistical data, general information, and a comprehensive range of planning could be correlated.

F. ADMINISTRATIVE ASPECTS

F-1. PUBLIC RELATIONS

An important part of an effective vocational rehabilitation system is conveying as much knowledge as possible about the vocational rehabilitation program to the legislators, the Governor, private agencies, employers, the public, including former as well as present rehabilitation clients. This aspect of the system, public relations, becomes even more urgent as the character and nature of the vocational rehabilitation program expands. The 1968 amendments to the legislation provide for services to the socially and culturally disadvantaged. It is imperative that this extension of services be made known to potentially eligible clients. It is also imperative that the results of the work done with these groups and others be relayed to professionals in the field and to concerned non-professionals.

An effective public relations program should be involved with providing information to the concerned groups so that, ultimately, better allocation and distribution of vocational rehabilitation resources could be achieved. The information required by each of these groups is somewhat different. The legislators and the Governor are interested in the management and efficiency of the program. More importantly, they are interested in the values and benefits received from the vocational rehabilitation program. These values can be expressed in quantitative terms. For example, the 1547 clients rehabilitated in 1966-1967 will have lifetime earnings of $86,360,000. On the basis of these earnings substantial amounts of income tax (federal) and state sales tax will be paid and there will be a lessening of dependence on public assistance. The legislators and the Governor must be given data which shows not only the humanitarian aspects of the vocational rehabilitation process, but also the economic benefits which result. As suggested at the Public Hearing, the legislators must be informed about the benefits of vocational rehabilitation rather than being pressured to support a program with which they may not be familiar. It was also suggested at the Public Hearing that legislators be contacted soon after their election, if possible before the legislative session begins.

The information needs of the public and private agencies must also be met. Other public and private agencies must be made aware of the opportunities provided through the 1968 amendments to the Rehabilitation legislation. These amendments facilitate subcontracts and special arrangements with employers, which will prepare large numbers of disadvantaged and handicapped persons in the specialized needs they require in order to enter the competitive labor market. Special attention should be given to pre-vocational and work attitude training, with the Division of Vocational Rehabilitation serving as a resource for all organizations providing such training.

It is an accepted fact that much misinformation exists regarding the employment of rehabilitated persons. This misinformation causes much apparent bias against the employment of the mentally handicapped, for example; it becomes necessary, therefore, to inform employers of the tremendous pool of capable manpower represented by the vocationally disabled in Connecticut. In the present tight labor market, such a valuable manpower resource should be made available to the employers in Connecticut. One outstanding example was illustrated by the International Institute of Laundries. Mr. Arthur Arsenault, Vice President, Uniform Service of Waterbury, Connecticut, stated at the Public Hearing:

> We entered into a contract with the International Institute of Laundries Project Manpower program for hiring the mentally handicapped, January 1, 1966. We received our first applicant from the local vocational rehabilitation center in September, 1966.
>
> As any new project, we had our reservation of the outcome. After having approximately two years of experience, we feel that it has been a tremendous success, and one which is rewarding to both community and industry. As you know, we are making them tax payers rather than users.[1]

The information about the services offered by the vocational rehabilitation program should be made known to the public. The respondents to the questionnaire, A Look at Today to Plan for Tomorrow,[2] stated that there was a definite need for more detailed and specific public

[1] Appendix, p. 187

[2] Appendix, p. 25

relations. Among the respondents, seventy-eight percent on the administrative level and ninety-six percent on the operating level said that the general public knows only some, or very little of, the function of the Division of Vocational Rehabilitation. Sixty-two percent of the operating respondents felt that the general public knows very little about the function of the vocational rehabilitation agencies.

The plight of the handicapped citizen is not well understood by the public. All of the regional committees stated that more public education and public information was necessary. One possible way of bringing this problem more forcefully to the attention of the public would be to hold public hearings in various parts of the state. Providing an effective public relations program for vocational rehabilitation is necessary and possible.

> RECOMMENDATION: *The position of a Public Information Officer whose principal functions would include the dissemination of information to the Governor, the Legislature, employers, private agencies, the public, and former, as well as present, rehabilitation clients should be established.*

F-2. ADMINISTRATIVE AND OPERATIONS STUDIES OF STATE AGENCIES

In this section of the report, the administrative and operational aspects of a state vocational rehabilitation agency will be considered under two headings:

1. Financial Management.
2. Case Load Management.

The personnel function and the locations of administrative district offices will be discussed in subsequent sections.

The problem most commonly cited by the various regional committees is the lack of sufficient funds to carry on the work of vocational rehabilitation. A part of this problem occurs because funds are allocated on a quarterly basis among district offices, and there are frequently shortages of funds in the district offices by the end of a period. Situations arise in which funds may be available in one particular district office but not in another. At the present time, the central office of the Division of Vocational Rehabilitation allocates funds to the district offices for particular types of services. Daily reports are made by the district offices which show expenditures and balances. These reports could be more effective, however.

> RECOMMENDATION: *A statistical analysis of expenditures through the year must be made, based on the history of previous expenditures. Previous experience should serve as a guide to the expenditures of funds in specific periods: the statistical analysis would serve as a means to anticipate shortages in particular areas and to indicate where reallocations or reassignment of funds must be made.*

The problem of insufficient funds for vocational rehabilitation purposes reflects, of course, limitations of budgets which are inherent in the system of allocation of funds by the legislature. While this basic insufficiency is a restraint on the entire system, more accurate forecasting of future budgets and expected results should be made. Such forecasting would enable the Division of Vocational Rehabilitation to establish more adequately the types of programs needed, and to determine the number of individuals who must be referred to the various private rehabilitation agencies within the state. An effective financial system would also permit an on-going review of fees being paid to these private agencies. As it is noted later, this function should be part of a Programming, Planning and Budgeting System. In order to devise such a system, and to keep up with the increase in the amount of financial record-keeping resulting from an expanding case load and from the increased number of financial reports required by the federal office, the present group responsible for financial record keeping and forecasting should be increased. At present the group in the central office includes one supervisor and two clerks.

RECOMMENDATION: *The administrative division in the central office should be composed of the following personnel:*

Title	*Number Required*
Administrative Fiscal Officer IV	(1)
Accountant I	(1)
Personnel Assistant	(1)
Accounting Clerk II	(2)
Storekeeper II	(1)
Accounting Clerk I	(3)
Typist II	(3)

Better financial control would also enable the state to secure more federal matching funds. In 1967-1968, the State of Connecticut secured 88.5%[1] of the available federal matching funds for the Division of Vocational Rehabilitation.

The second large area of administrative concern is Case Load Management. This problem can be divided into several aspects:

1. Forecasting of the number to be rehabilitated in a particular fiscal year.
2. The allocation of personnel and other resources to the various district offices, which will be covered in F-4 below.
3. The control to be exercised throughout the year to insure that the anticipated objective (number to be rehabilitated) is being met.

Forecasting the number to be rehabilitated within a particular fiscal year is presently done on the basis of previous cost history and the amount of funds available within the particular fiscal year. This technique must be carefully reviewed in view of the changing and varied nature of the case-load, particularly because of the recent change in eligibility to include the socially and culturally disadvantaged, and because of the wide variance of average case costs among the disabilities. For example, in the 1966-1967 fiscal year, case service cost for rehabilitation was highest for those in the Severe Mental Retardation category and lowest for those in the Other Circulatory Conditions category. An adequate forecast of the number to be rehabilitated must also be based on an analysis of the

[1] The Division received $2,453,335 of the $2,772,520 of Title II funds available.

composition of the case load, particularly as it is distributed among the counselors. This problem will be discussed in a later section.

> RECOMMENDATION: *Persons within the Division responsible for research must work closely with the budget makers in the forecasting of future budgets.*

The forecast of the number to be rehabilitated serves as an indication, on the basis of previous experience, of the number of potential clients who will have to be referred to and accepted by the Division in order to rehabilitate the number projected. It also furnishes an inference as to the number of persons who will receive services but who will fall into one of the non-rehabilitated statuses (categories 08, 28, 30). For example, in the table below, the historical quarterly experience for various types of closures and the experience for the first quarter of fiscal year 1968-1969 can be compared:

Closure Status	Percent Historically in 1st Quarter	Percent achieved in July-Sept. 1968
26	15%	19%
28	11%	26%
30	15%	17%
08	14%	27%

These data would seem to indicate that the closure experience for fiscal 1969 will exceed the forecasts if the pace continues. A further aspect of this problem, however, would be to examine the experience in each of the district offices.

A similar technique can be used with respect to Referrals and Forecast of Acceptances.

Percent of Yearly Total Referred Historically in Ist Quarter (July-Sept.)	Percent achieved of yearly Total Referred in Quarter July-Sept. 1968
24%	18%

Percent of Yearly Total Accepted Historically in Ist Quarter (July-Sept.)	Percent achieved of yearly Total Accepted in Quarter July-Sept. 1968
20%	21%

Formats for these reports should be developed by Research and Statistics.

> RECOMMENDATION: *Major attention must be given to the expansion of systems and operational research to provide counselors, supervisors, the Bureau of Rehabilitation Services, and the Division Director with relevant information about caseload distribution, geographical prevalence and the amount and kind of activities within related and relevant public and private agencies. Also, information available from the R-300 case services report should be used to make quarterly evaluations of the services being rendered on a regional basis by diagnostic category to insure that the amount of services being offered to the various categories is in keeping with their relative prevalence.*

Case load management must also consider the ultimate purpose of rehabilitation, which is to place disabled individuals in a particular work setting which includes the competitive labor market, the household, or sheltered workshops. As the scope of the vocational rehabilitation program increases, it will become necessary to consider more carefully the effect of the work of vocational rehabilitation on the lebor market. For example in 1967-1968 the 1948 workers rehabilitated entered the following activities:

Professional, Technical, and Managerial	173
Clerical	373
Sales	86
Service	501
Farming, Forestry, and Fishery	22
Industrial	610
Special	183

Given the shortage of labor which exists in Connecticut, this represents a valuable contribution to the operation of the labor market. As noted, the volume of rehabilitants is expected to increase.

> RECOMMENDATION: *Evaluative operational research activities must be started in an effort to gear caseload management directly toward the fluctuations in the labor market, both on a short-range and long-range basis.*

Caseload management in Connecticut rests heavily on the provision by private agencies of services to the vocationally disabled. A study of current Division of Vocational Rehabilitation patterns of providers of services would be most helpful in future planning. This should include present and projected capacity of the provider.

The ultimate expression of the vocational rehabilitation program is found in caseload management and the subsequent results of that management. It was emphasized at the Public Hearing that there should be a study of the differences between the service programs as they exist at the local level, and the philosophies and program design for rehabilitation services as stated at the national and state level. There seems to be some inconsistency in what is said and what is done.

Finally, case load management should concern itself not only with successes (the rehabilitated employed) but also with the "drop-outs" from the programs of the Division of Vocational Rehabilitation. Additional research on this problem, particularly because of the change in the nature of the work of vocational rehabilitation is an absolute necessity.

In addition there should be a constant follow up, on a sample basis, of rehabilitated clients. On the basis of the questionnaire--A Look at Today to Plan for Tomorrow--there is a definite need for follow up of clients after closure. Less than one-half of the operating respondents reported follow up on a limited number of closed cases.

One of the most common complaints of the Regional Committees was the complaint of administrative delays in furnishing services to clients. The entire purpose of case load management and fiscal control is to furnish services to the client group as rapidly, as they can be absorbed.

Table F-1 which follows represents the active case load of the Division ov Vocational Rehabilitation in Connecticut as of October, 1968.

CLASSIFICATION OF DISABLING CONDITIONS

VRA Code	Disability
100-149	Visual Impairments
200-229	Hearing Impairments
	Orthopedic Deformity or Functional Impairment
300-319	three or more limbs, or body
320-339	one upper and one lower limb
340-359	one or both upper limbs
360-379	one or both lower limbs
380-399	other, including trunk, back, and spine
	Absence or Amputation of Members
400-409	loss of one upper and one lower extremity
410-419	loss of both major upper extremities
420-429	loss of one major upper extremity
430-439	loss of one or both major lower extremities
440-449	loss of other, unspecified
	Mental, Psychoneurotic, or Personality Disorders
500-500	psychotic disorders
510-510	psychoneurotic disorders
520-522	alcoholism, drug addiction, and other
530-530	mental retardation, mild
532-532	mental retardation, moderate
534-534	mental retardation, severe
600-609	Disabling conditions resulting from neoplasms
610-619	Allergic, endocrine system, metabolic and nutritional diseases
620-629	Diseases of the blood, etc.
630-639	Disorders of the nervous system
640-649	Cardiac and circulatory conditions
650-659	Respiratory diseases
660-669	Disorders of the digestive system
670-679	Genito-urinary conditions
680-689	Speech impairments
690-699	Diseases and conditions of the skin, and other

TABLE F-1

CHARACTERISTICS OF ACTI

DISAB.*	NUM.	AGE					SEX		RACE		MARITAL	
		16-19	20-34	35-44	45-64	64+	M	F	W	N	M	W
100-149	80	22	28	11	15	-	57	23	56	20	22	1
200-229	130	44	39	18	21	3	80	50	118	10	28	1
300-319	123	52	37	12	18	-	65	58	115	8	30	2
320-339	96	19	27	17	30	-	63	33	81	14	30	3
340-359	82	24	21	15	21	1	51	31	62	19	29	4
360-379	246	84	59	32	65	-	161	85	221	23	95	8
380-399	215	36	67	49	62	-	155	60	183	28	119	4
400-409	4	2	1	-	-	-	3	1	3	-	-	-
410-419	1	-	-	1	-	-	1	-	1	-	1	-
420-429	16	5	3	3	4	1	12	4	13	3	7	1
430-439	66	5	13	12	33	2	53	13	54	12	38	4
440-449	8	2	2	1	3	-	6	2	7	1	5	-
500-500	398	34	191	93	73	-	204	193	357	37	67	10
510-510	496	104	197	87	81	1	248	247	452	37	129	14
520-522	1312	632	18[illegible]	65	64	1	811	501	883	406	75	11
530-530	377	200	83	9	2	-	214	163	283	88	5	-
532-532	323	165	84	17	6	-	175	147	264	51	5	-
534-534	94	44	33	9	3	-	51	43	82	12	-	-
600-609	10	2	3	-	4	1	4	6	[illegible]	5	2	2
610-619	61	24	16	10	9	-	35	26	45	16	8	2
620-629	6	3	1	1	-	-	5	1	4	2	2	-
630-639	110	33	47	15	10	1	64	46	96	14	21	3
640-649	143	17	14	42	67	1	100	43	115	26	90	7
650-659	89	8	24	25	30	1	62	27	61	26	44	1
660-669	37	4	14	6	13	-	21	16	28	8	13	5
670-679	6	2	3	1	-	-	4	2	6	-	2	-
680-689	47	31	8	5	2	-	33	14	40	7	3	1
690-699	45	16	20	6	3		25	20	37	8	8	2
	4621	1614	1222	562	639		2763	1855	3761	881	878	86

* VRA Code for Classification of Disabling Conditions on following page

Key: W - white; N - non-white; M - married; W - widowed; S-D - separated ;

TABLE F-I

VE CASELOAD, OCTOBER 1968

STATUS		DEPENDENTS				EDUCATION						
S-D	NM	0	1	2-3	4	1-7	8	9-11	12	13-15	16+	XX
15	42	52	9	8	10	16	8	24	24	2	1	5
11	90	104	14	8	4	10	17	34	46	9	2	9
2	89	106	2	8	6	7	7	37	45	14	8	4
15	47	61	10	17	8	12	11	25	32	10	3	3
9	40	51	13	9	9	8	10	27	31	5	1	-
14	129	160	19	46	21	20	30	81	88	19	3	3
19	73	100	23	43	47	33	37	60	65	9	2	8
-	4	4	-	-	-	-	1	-	3	-	-	-
-	-	-	-	-	1	-	-	-	-	1	-	-
1	7	9	3	2	2	3	1	5	5	2	-	-
4	20	34	7	12	12	12	16	19	13	2	4	-
-	3	3	2	2	1	1	3	1	2	1	-	-
56	265	332	18	34	14	32	52	96	133	50	19	15
74	277	364	38	60	34	26	51	161	169	52	24	12
108	1115	1191	41	48	32	67	219	818	145	33	18	12
4	368	372	2	1	1	19	24	68	6	-	-	260
2	314	315	1	2	3	19	28	24	1	-	-	251
-	94	93	-	-	-	4	4	2	-	-	-	83
3	3	9	1	-	-	-	5	1	4	-	-	-
7	44	50	3	4	4	7	4	23	21	6	-	-
-	4	4	-	1	1	1	1	1	2	1	-	-
10	76	92	6	5	6	12	11	38	36	2	3	8
10	35	66	20	31	24	15	30	48	41	5	4	-
14	30	52	14	9	14	19	21	22	19	7	-	-
7	12	18	7	8	4	7	6	13	9	1	-	-
1	3	3	1	2	-	-	1	3	1	1	-	-
2	41	42	2	1	2	3	3	24	9	4	-	4
2	33	36	5	1	3	5	3	17	14	4	1	1
390	3258	3723	261	362	263	358	604	1672	964	240	93	678

divorced; NM - never married; XX - special education

F-3. ADMINISTRATIVE LOCATIONS OF THE STATE VOCATIONAL REHABILITATION AGENCY

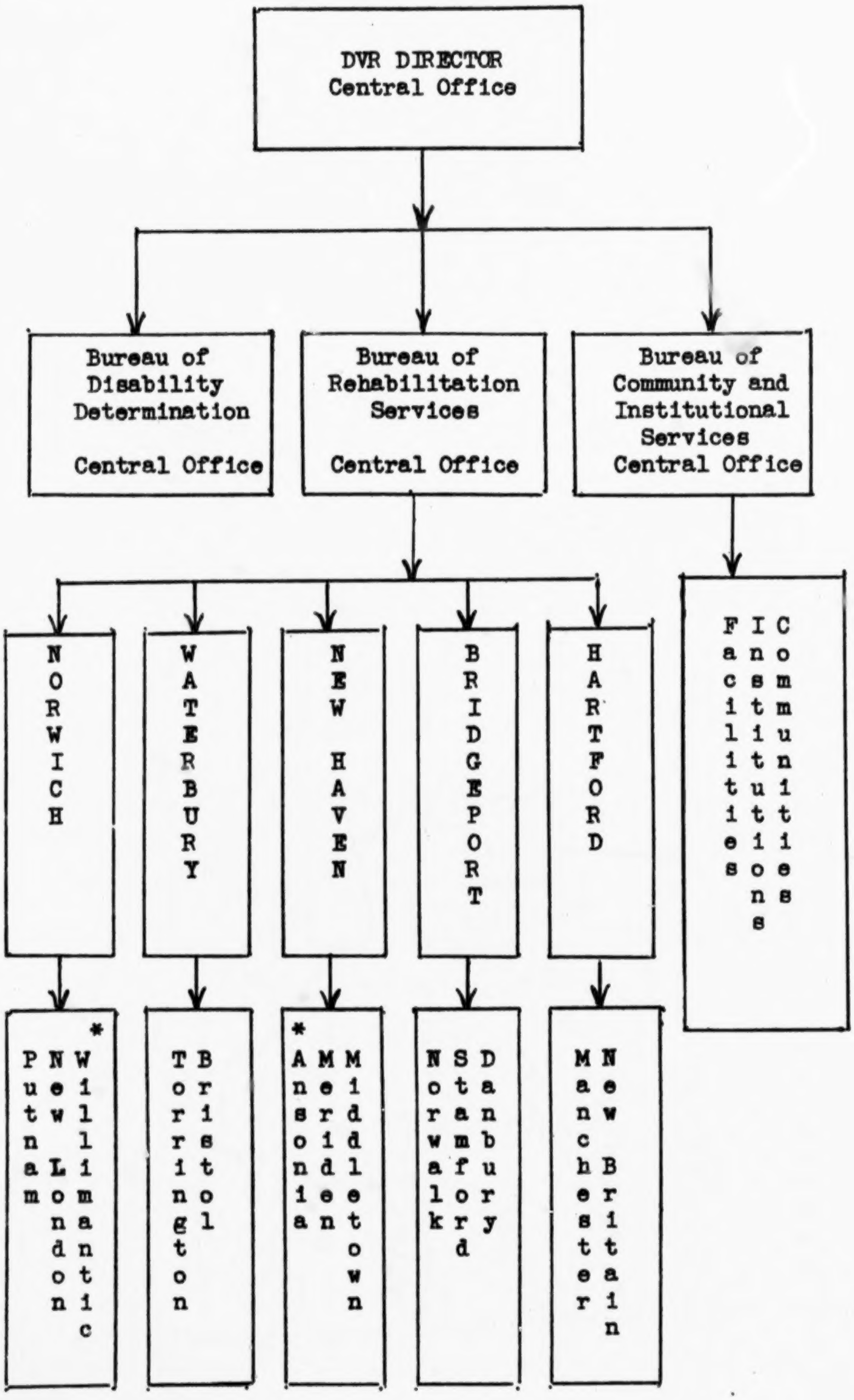
The Division of Vocational Rehabilitation in Connecticut operates through five district offices, each with its local offices. The present arrangement of these offices is depicted on the following chart and map. If the proposed plan is adopted, there will be one or more full time representatives in each of the labor markets (as defined by the Connecticut State Department of Labor). This should result in better working arrangements between the Division of Vocational Rehabilitation and the Connecticut State Employment Service. The two smallest districts are Norwich and Waterbury which include large rural areas.

> RECOMMENDATIONS: *Local vocational rehabilitation offices, consisting at first of at least one counselor and a clerk should be opened in each of the following towns: Putnam, Willimantic, Ansonia, and Manchester.*

Division of Vocational Rehabilitation also maintains counselors in the public high schools (See Section C-12 of the report), and in the State mental institutions (See Section B-4 of the report). The geographical and institutional distribution of the Division's offices are important in relation to other State agencies. The working boundaries of each of these do not at present coincide, but it is vital that, if differences do exist, they be based on justifiable cause rather than chance.

> RECOMMENDATION: *The various human welfare agencies should make a joint study of their working boundaries in order to achieve congruity with existing boundary definitions. Congruence of boundaries, where feasible, would strength working relationships among such agencies.*

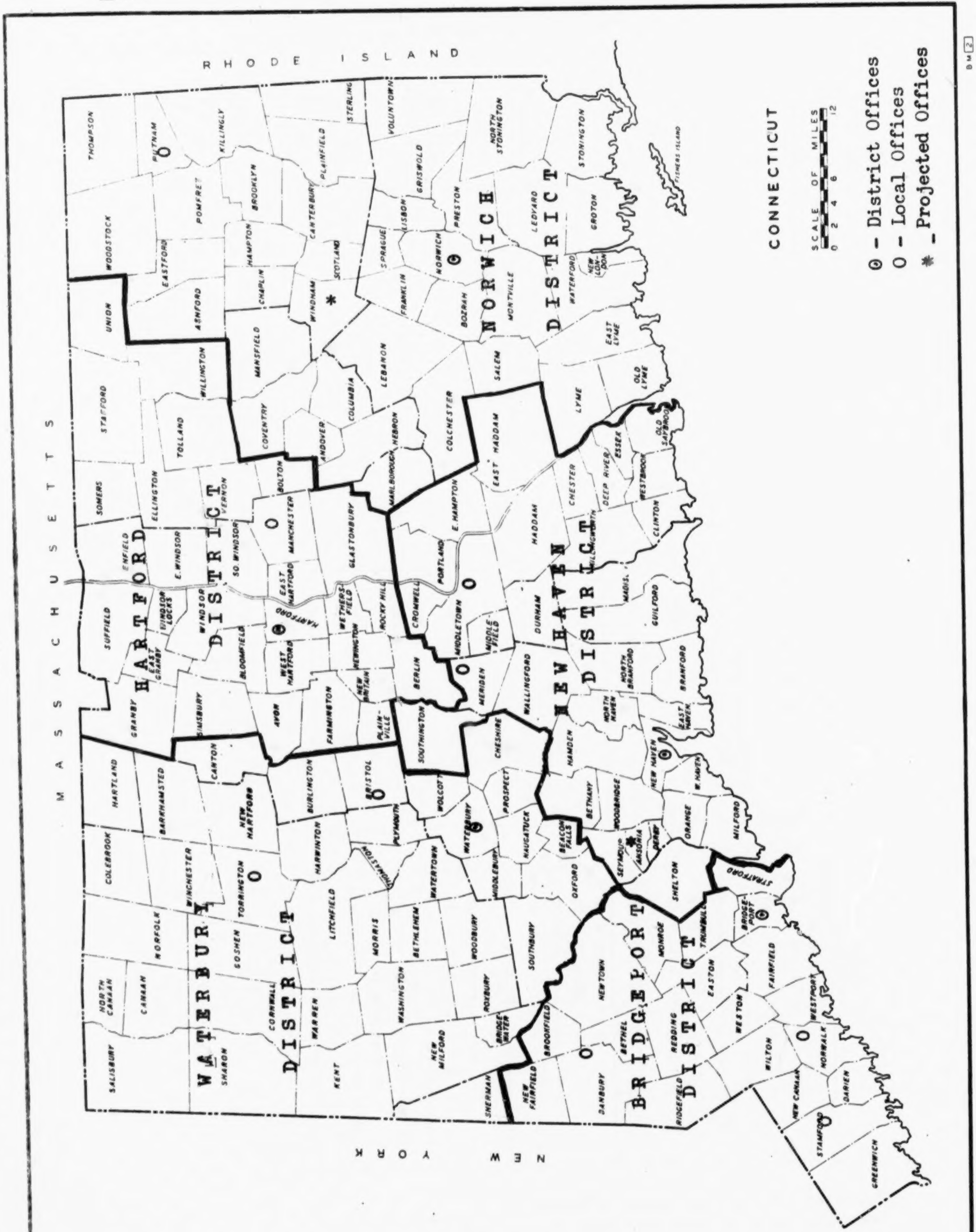
F-2
ADMINISTRATIVE LOCATIONS
DIVISION OF VOCATIONAL REHABILITATION[1]


DVR DIRECTOR
Central Office
Bureau of Disability Determination
Central Office
Bureau of Rehabilitation Services
Central Office
Bureau of Community and Institutional Services
Central Office
NORWICH
WATERBURY
NEW HAVEN
BRIDGEPORT
HARTFORD
Facilities
Institutions
Communities
Putnam
New London
*Willimantic
Torrington
Bristol
*Ansonia
Meriden
Middletown
Norwalk
Stamford
Danbury
Manchester
New Britain

*Proposed additional local offices

[1] Does not include institutional locations

F-3

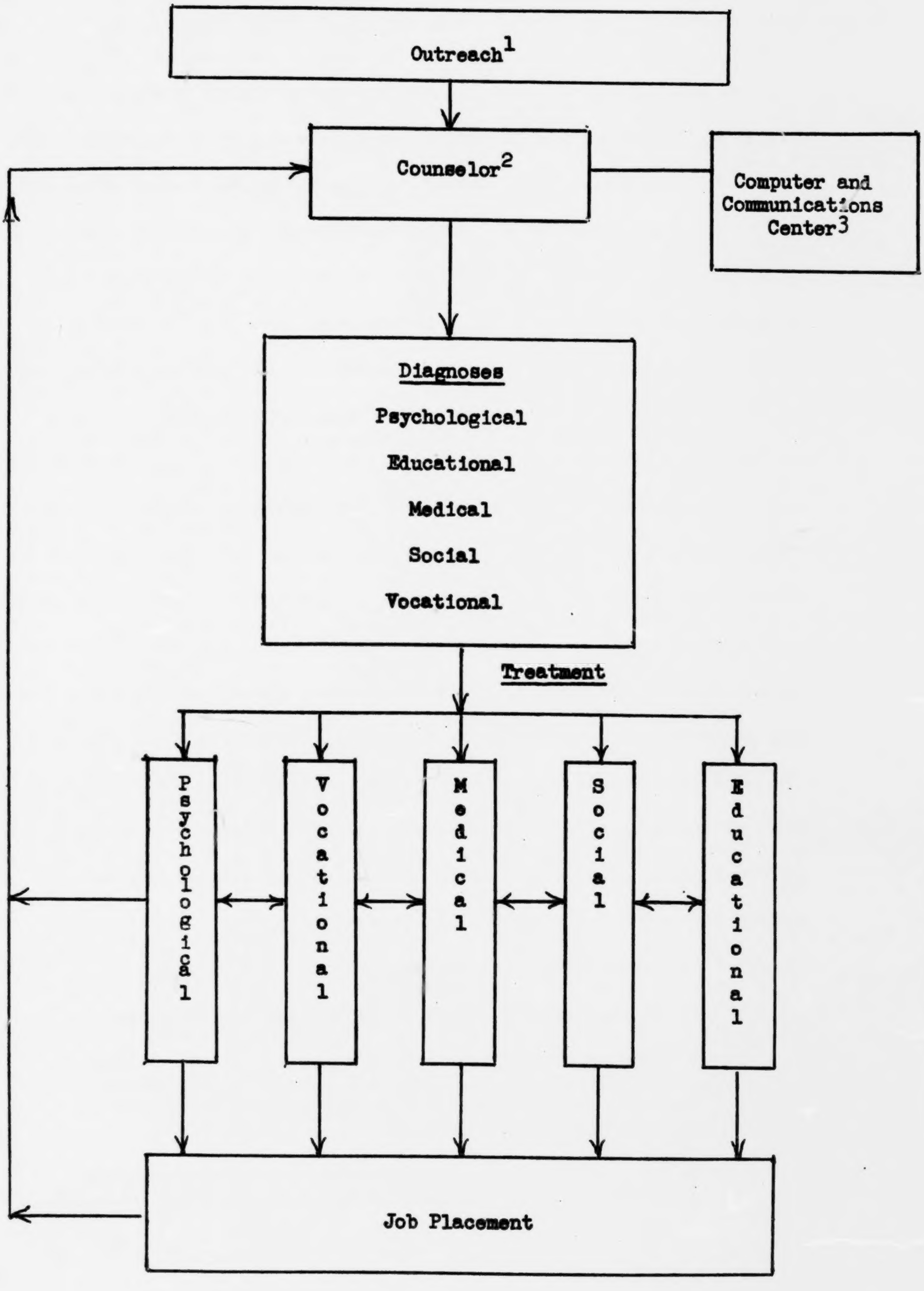

MASSACHUSETTS
RHODE ISLAND
NEW YORK
CONNECTICUT
SCALE OF MILES
0 2 4 6 12
HARTFORD DISTRICT
NORWICH DISTRICT
NEW HAVEN DISTRICT
WATERBURY DISTRICT
BRIDGEPORT DISTRICT
⊙ - District Offices
O - Local Offices
* - Projected Offices

An analysis of the rehabilitation system starts logically with the basic operation of the system, or the role of the counselor. The chart which follows, Model Client Service System, demonstrates an outreach mechanism or referral device by which the potential client requiring some form of rehabilitation is referred to the counselor. Once the specific deficiency is determined, then the appropriate treatment is prescribed. Upon its successful completion, the client is directed, through job placement process, to such jobs as he may successfully perform. The most significant aspect of this system is that the counselor, while having the responsibility of assuring that rehabilitation occurs, does not himself provide it. The counselor's responsibility is to refer the client to appropriate diagnostic treatment and placement agencies, and to arrange to pay for rehabilitation. This referral, monitoring, evaluating aspect gives the counselor and the rehabilitation system their most distinctive characteristic. The most appropriate analogue, in terms of the counselor's role, is that of the physician in general practice. The general practitioner, in the setting of a given health system, may be looked upon as a health counselor, providing three essential functions or services in terms of the client and the system:

1. He matches client need and the service system capability.
2. He acts as the patient's representative in the health system to protect the patient's interest, and assure that the system serves the patient, rather then the patient serving the system.
3. He acts as an intergrating device, in that the patient moves from health procedure to health procedure in terms of correcting the illness.

F-4

MODEL CLIENT SERVICE SYSTEM


Outreach[1]
Counselor[2]
Computer and Communications Center[3]
Diagnoses
Psychological
Educational
Medical
Social
Vocational
Treatment
Psychological
Vocational
Medical
Social
Educational
Job Placement

MODEL CLIENT SERVICE SYSTEM

Footnotes

[1] In his Client Flow System (Appendix, p. 357), Sholom Bloom has placed a professional worker, or technician, as the link between client and counselor, who is an information and referral specialist. As such, he would fulfill an outreach function which is included in Dr. Stanley Young's system.

[2] In the present rehabilitation system, the counselor should function as an information and referral specialist. Sholom Bloom has indicated the need for such a specialist in his Client Flow System (Appendix, p. 357), without designating who should fill this need.

[3] It was suggested by Sholom Bloom, in his Client Flow System (Appendix, p. 357), that a Computer and Communications Center would be useful to the information and referral specialist. This modification has been added to Dr. Stanley Young's system.

Since the counselor performs the same essential service for the client, the counselor can be viewed much as the general practitioner physician. The counselor sends a client to various diagnostic agencies to ascertain whether the specific deficiencies are educational, social, medical, economic, psychological, or vocational. Just as the physician in the hospital must have knowledge of the specific diagnosis, available treatment, and what parts of the medical capability should be utilized for a specific individual, so the counselor must have the necessary knowledge because he too faces the essential problem of matching the client's needs to community and agency capability. The acquiring of this knowledge, difficult enough in a static situation, is further complicated by changing community capability and programs, as well as constantly advancing technology. A counselor acts as representative of the client through the system. As the client moves from diagnostic agency to treatment, to placement, to the job, he remains in contact with his counselor. If the client is unhappy about services received, then, presumably, his counselor represents the grievance agent, dealing with the professionals in the system. Finally, the counselor facilitates the client's moves from service to service without losing him in the system. The counselor, from the client's point of view, represents the essential intergrating device as far as community services are concerned. Thus, we find that the counselor performs, in a more general way, the same set of activities as the general physician:

The rehabilitation system in Connecticut consists of more than sixty counselors throughout the State, who represent the heart of the system. The counselor is a general practitioner in community services, and should have sufficient knowledge of proper diagnosis and treatment.

Although the counselor himself is not a specialist, he should be able to deal with the specialist on a reasonably sophisticated level. In the literature there is a tendency to see the counselor in a psychological sense, performing certain psychological diagnoses and attempting to provide personal clinical therapy. This may derive from the recognized need of an acceptable social relationship between counselor and client, one of trust and confidence. However, trust, acceptance, and confidence that a client has in his counselor will not grow from this pseudo-psychological effort, but from the technical know-how of the counselor in providing proper services and representing the client in his progress through the service system. There are trained, qualified psychological clinicians in the community who can both diagnose and treat. It is not the role of the counselor to attempt to do this. Another conclusion, on which special emphasis should be placed, relates to the long term development of the rehabilitation system. This system is the only well-established community agency in which the essential function of the agency itself, in the role of counselor, is to perform the activities already noted. Various other programs have attempted to solve this problem. For example, the Office of Economic Opportunity has established, particularly under the Community Action section of the legislation, a coordinated attack on poverty. Model Cities, in its planning stage, has this same thrust. In the health area, one finds both the concept of community health centers and mental health centers, which are attempts to get at the same problem of coordination at the community level.

The need for more effective integration and coordination in terms of delivery of community services to potential clients is one of the most widely discussed problems in the literature. Articles, speeches, conferences constantly stress agency coordination. This is quite clear at the federal level, as recent legislation of Model Cities and health programs have this as a central focus. The difficulty is at the individual client level. Everyone agrees that there is need for more effective coordination and integration of service systems to assure that the right people receive the right services, to avoid duplication, and to achieve efficiency. The rehabilitation system constitutes a solution to this problem, which as a long run development effort, should be extended to the total community service system. As a matter of fact, the rehabilitation system represents the only viable solution to work effectively in the placement of its client group. The dilemma, of course, is that the rehabilitation system is restricted to an extremely small segment of the potential client group. Most of the community service system is operating without counselor, or integrating device, not at maximum efficiency. Until the unique set of activities performed by the counselor is presented to the Legislature, it is unlikely that there will be an extensive expansion of the agency. This unique service, which the rehabilitation system provides, has to be clearly delineated and presented to the potential buyer of the service.

Insufficient professional staff was ranked as the greatest source of problems by the administrative respondents to the questionnaire, A Look at Today to Plan for Tomorrow.

They ranked more professional staff as the greatest need for 1970 and 1975. The administrative respondents ranked "insufficient clerical staff" as the fourth source of problems for them or their agencies. Because of the critical role of the rehabilitation counselor the following recommendations are made:

> RECOMMENDATION: *A continuous recruitment program to fill vacancies in staff positions in the Division of Vocational Rehabilitation should be started by assigning that responsibility to one position to be created within the Division of Vocational Rehabilitation, Personnel Recruitment Specialist. Working with appropriate agency personnel, this individual would use national placement bulletins (such as NRCA and APGA), visit rehabilitation counseling training programs, and utilize other methods as required to insure a constant supply of the best professional personnel available.*
>
> RECOMMENDATION: *The Division of Vocational Rehabilitation should approach a number of organizations, such as the State Department of Community Affairs, the Poverty Programs at the local level, the Urban League, the National Association for the Advancement of Colored People, for the purpose of recruiting indigenous, disadvantaged individuals to train for careers in the rehabilitation field. Such individuals would be a valuable resource in terms of outreach and development of new programs to serve disadvantaged individuals. They could serve as a bridge between existing anti-poverty program efforts and the Division of Vocational Rehabilitation.*
>
> RECOMMENDATION: *An immediate effort should be made to attract one Spanish-speaking staff member to each of the Division of Vocational Rehabilitation offices to facilitate the contacts that may be made between the Division of Vocational Rehabilitation and the Spanish-speaking communities in large urban centers. This might be done through normal employment patterns available to the Division of Vocational Rehabilitation at present, through the proposed training programs for disadvantaged individuals, or as an interim step through organizations of Spanish-speaking people active in the large urban areas.*

> *Some arrangement may be made for volunteer systems in serving as interpreters, willing to serve on call and used as needed as an interim step to make the services of the state agency more available to those with language barriers. In this connection, a long term training goal may be to train professionals in several areas of the state in the Spanish language.*

The urgent need for training of personnel in the Vocational Rehabilitation field was well demonstrated by the results obtained from the questionnaire, A Look at Today to Plan for Tomorrow. The greatest number of the operating respondents to the questionnaire, counselors and caseworkers, bore most of the responsibility for their cases, 69% having complete responsibility, or complete responsibility with some consultation with supervisors. This individualized responsibility makes the training of these professionals of paramount importance. However, the questionnaires indicate that training could be improved. The importance of in-service training programs was brought out by the fact that 21% of the operating respondents thought that some, but not much, or very little, knowledge gained in the classrooms is relevant to their positions. Sixty-six percent thought that quite a bit is relevant but more is learned on the job. Although in-service training programs are very important, 21.5% of the operating respondents said that their agencies do not have such training.

More programs to train professional staff was ranked second as needed legislation by administrative respondents to the questionnaire, with untrained professional staff as the third greatest source of problems for them or their agencies. They felt that better qualified or trained professional staff was the second greatest need for their agencies in 1970 and 1975. Of the administrative respondents, 36%

thought that beginning professional workers were weak in counseling and guidance; 27% thought that there was a weakness in case reporting; 25% thought there was a weakness in placement. In each of these areas: social work, abnormal psychology, and interviews, 24% of the administrative respondents felt there was a weakness. In addition, 22% found new professionals weak in public relations, and 21% considered them weak in vocational evaluation. Administrative respondents thought professionals should have had more course work in all areas in which there was a weakness. In addition to the need for training, 16% of the operating respondents spend no time on their professional advancement, and 39% of the operating respondents and 19% of the administrative respondents were not allowed to take time off to further their professional skills.

COUNSELORS AND TRAINING

In a survey made in the Norwich area, lack of counselor education in community services was identified as a barrier which delayed or prevented services.

> RECOMMENDATION: *More training programs must be designed with personal involvement as a primary ingredient for the Division of Vocational Rehabilitation staff, through discussion groups and other group techniques, in addition to the more traditional lecture. The rationale for training is to keep staff in touch with a growing body of knowledge to provide the base for rehabilitation*

> *practices in the broadest sense of the word. Results of research projects, demands made upon staff by innovations in legislation, and broader definition of disability make staff training an absolute necessity at this time. The identification of training needs must be systematic and ongoing. A Training and Staff Development unit should be established. See Chapter V of this report.*
>
> RECOMMENDATION: *It is recommended that special training programs be instituted that will involve Division of Vocational Rehabilitation personnel, poverty program personnel and disadvantaged persons from the neighborhoods of the large urban centers, so that each can share with the other their needs and abilities and feelings on a personal contact basis.*

PERSONNEL UTILIZATION

The importance of counselor personnel in the rehabilitation system and the apparent shortage of trained and qualified personnel in this field requires that available personnel be utilized as efficiently as possible. Among respondents to the questionnaire, A Look at Today to Plan for Tomorrow, it was noted that in 1965 the ratio of professional employees to clerical employees was 1.2 to 1. The ratio of professional employees to clerical employees in 1975 will be 1.7 to 1 according to this projection based on the results of the questionnaire. The counselor or case worker respondents presently spend 27.8% of their time on duties of a clerical or reporting nature. If the clerical force is not increased more than is here projected, they are likely to be spending even more time on clerical duties. The administrative respondents ranked "more clerical staff" as the third greatest need for their agencies in 1970 and in 1975. Service to clients was delayed or prevented by lack of vocational rehabilitation counselors, according to 12% of the operating respondents.

The growth trend of agencies demands, and will continue to demand, more personnel. If the number of staff members in each of the two categories, professional and clerical, in 1965 is taken as the base, with an index of one, for each category, the projected growth can be seen.

	Professional Staff	Clerical Staff
1965	1	1
1968	1.7	1.2
1970	2.2	1.4
1975	2.3	1.6

This indicates that the projections for non-professional personnel are not consistent with the increase in professional personnel. This may mean that the effectiveness of professional personnel may be hampered because of this limitation.

> RECOMMENDATION: *Continued study of the work relationships, and division of responsibilities among professional and clerical workers should be ongoing.*

The work of professional persons in fields dealing with human welfare is difficult to measure because of the many intangibles involved. Because of this, attempts at measurement are stopped before they are even attempted.

> RECOMMENDATION: *The Division of Vocational Rehabilitation must review implicit and explicit personnel utilization policies as they presently exist with reference to deliverly of services and case load and counselor placement in view of recommendations in this final report, and estimates of disability. Specific guidelines for counselors and supervisors must be established for their daily work.*

Utilization of counselors can be controlled by status reports such as the Master List Report now used by the Division of Vocational Rehabilitation. This report records the status and status movements for each client by counselor. The report shows the dates of the movements among statuses and can, therefore, be used at the district level for control purposes and at the central office to control district office performance. It cannot be effective, however, unless data is sent in from the district offices accurately and on time.

The most difficult question, however, in determining a counselor's productivity is establishing the nature and characteristics of the case load for which he is responsible. A counselor may have a unique case load because of a particular specialty (counselors in schools, mental hospitals, or particular work environments). However, if the majority of the counselors have a general case load, guidelines and bench marks for productivity can be established.

> RECOMMENDATION: *The present distribution of the case load among Connecticut vocational rehabilitation counselors should be studied with special reference to Age, Sex, Race, Education, and Disability characteristics of each counselor's case load. These factors, weighted in a manner to be devised, would be the first step in the establishment of the definition of a "general case load."*

The present arrangement of counselor's positions in Connecticut is shown on the attached chart. Discussion has taken place as to a staffing pattern for the personnel involved. The idea of a rigid staffing pattern with fixed percentages in each of the categories was rejected. It was felt that such a rigid pattern would cause hardship and create more problems. However, given the expected increase in personnel, some flexible staffing pattern must necessarily be derived. This problem should continue to receive attention.

F-5

COUNSELOR POSITIONS IN CONNECTICUT, OCTOBER 1968

Counselor Classification	Education	Experience	Salary Grade
Senior Counselor	(1) Master's Degree	(1) 4 years' professional experience	18
Counselor	(1) Master's Degree in rehabilitation or related field	(1) 2 years' professional experience	16
Assistant Counselor	(1) Master's Degree in rehabilitation or related field	None	14
Counselor Intern	(1) Bachelor's Degree in rehabilitation, psychology, education, or other related field (2) Must complete Master's Degree in 3 years (3) Tuition paid by DVR if funds available	None	11

F-5. UTILIZATION OF COMPLETED RESEARCH

The value of effective research is measured in the extent to which the findings of that research permeate the daily operations of the system under study. Operating personnel are much too involved in daily problems to evaluate and implement research findings, but unless the research findings are used they are valueless.

> RECOMMENDATION: *There should be established within Research, Development and Planning, and Information Services, a Research unit which would be responsible for basic and applied research within the vocational rehabilitation system. The activities of this unit should include the following:*
>
> 1. *Operational studies on practices, innovations, and systems of the Division. Of particular importance would be client follow-up studies.*
> 2. *Establishment and maintenance of a case registry to facilitate studies conducted either within the Division or by cooperating agencies. It is expected that such a registry could be initiated by systematic organization of present case referral files, augmented with data on disabled persons now collected by other State agencies.*
> 3. *Establishment and maintenance of a clearinghouse on rehabilitation research within the State. The present practice of referral by Rehabilitation Services Administration to the Division of all grant applications in the State provides the foundation for such a service. A clearinghouse is envisioned as a practical way both of providing useful information to cooperating agencies and identifying research needs.*

4. Organization and conduct of research interchange sessions involving both practitioners and researchers. Such a system would encourage early utilization of research findings by counselors, and would stimulate researchers to attend to those problems for study identified by the practitioners.

   To serve as a resource for such training programs, steps should be taken by the Division towards development of a Research and Training Center. It is noted that a preliminary proposal for a Research and Training Center has been submitted to the Rehabilitation Services Administration by the University of Connecticut. Such a center could serve as a laboratory for the Research unit as well as being the research interchange resource.

5. Provision of supervised field work experiences for trainees in rehabilitation research. In view of the existence at the University of Connecticut of one of the few programs in the nation in rehabilitation research, such a function would provide for an unusual opportunity for collaborative efforts.

6. Encouragement and support of applications by cooperating agencies of studies identified by the Advisory Council as needed, but beyond reasonable scope of the Research unit.

RECOMMENDATION: So that appropriate administrative officials may respond to the current needs in rehabilitation, there should be a permanent Advisory Council on Research, the responsibilities of which would include policy and operational consultation in identification and conduct of rehabilitation research.

To improve coherence among the various bodies within the State either engaged in or interested in rehabilitation research, and to assure that programs of the Research unit are responsive to envolving needs, composition of the Advisory Council should include representation from the University community, the Division of Vocational Rehabilitation, the State Research Commission, private and community agencies, and industry and commerce.

F-6. OTHER RELATED AREAS - STANDARDS

There should be a recognition and establishment of minimum acceptable standards for services to be made available to the clients who are being served through the administration of the Division of Vocational Rehabilitation and its state-wide programs.

These standards would apply to the facilities making these services available and standards would apply to the professional personnel involved in providing these services: these standards might be those set down by the National Societies and Associations, which should be acceptable to all parties concerned, since they would insure, certainly, maximum efficiency in provision of services for the handicapped.

> RECOMMENDATION: *The Division of Vocational Rehabilitation should establish minimum acceptable standards for personnel and services being supported by the Division of Vocational Rehabilitation in the State of Connecticut. The standards for personnel should be further developed in cooperation with representatives from each state professional society with members providing services to the Division of Vocational Rehabilitation clients.*

It is recognized that standards have been established (but not completely) with such key personnel as psychologists and physicians; even, to a lesser degree, standards have been established for a number of other professions allied to medicine. In addition, the establishment of minimal qualifications for workers in programs supported by the Division of Vocational Rehabilitation should be investigated.

In establishing standards for services it will be important to consider the employee-client ratio, the minimum number of people representing specific professions who should be staffing certain

Division of Vocational Rehabilitation supported programs, and the nonprofessional to professional ratio in programs where this balance might be important. Any other factors found to be critical to effective workshop performance (such as available facilities) should also be considered.

In addition to the establishment of standards for services, there should be consideration of the establishment of standards for rehabilitation facilities. This work has been started by the Commission on Accreditation of Rehabilitation Facilities in Chicago, Illinois. The Division of Vocational Rehabilitation in Connecticut should take the lead in helping to create and administer these standards in Connecticut.

F-6. OTHER RELATED AREAS - PROGRAM AND PROJECT DEVELOPMENT

One of the principal deficiencies in human resource services is the absence of or the low priority given to a program development function. Professor Stanley Young in his functional analysis of a vocational rehabilitation system emphasizes the need for correcting this deficiency. See Appendix, page 38. The need for this program development function is also expressed in Chapter V. The Composite Working Plan.

> RECOMMENDATION: *A Program and Project Development function directly responsible to the chief executive officer of vocational rehabilitation should be established. It would strengthen and eveluate existing programs and projects and design new ones. See footnote to proposed orginization chart on page 201.*

G SPECIAL PLANNING TOPICS

G-1. ARCHITECTURAL BARRIERS

Connecticut is one of the thirty-three states which has established construction standards for the elimination of architectural barriers. Public Act 216, An Act Concerning Construction Standards to Facilitate Access and Use of Buildings by Handicapped Persons, June, 1965, establishes standards for State buildings.

Even though thirty-three states have laws concerning architectural barriers, the National Commission on Architectural Barriers to Rehabilitation of the Handicapped found that much remains to be done to eliminate barriers.

The following comments summarized from preliminary findings by the National Commission in the Division of Research and Demonstration Grants, Research Utilization Branch, Research, Vol. I, No. 7, January 1968:

> Architectural barriers, thoughtlessly incorporated into buildings and facilities, have in effect denied education, employment, and recreation to many of these (handicapped) citizens. Such barriers include stairs or steps, narrow or revolving doors, inadequate rest rooms, and unreachable water fountains, telephones, and elevator buttons. Their effect is often to prevent the handicapped from voting, conducting ordinary business, worshipping, and otherwise moving about as others do. Eighteen percent of all persons in America are affected by architectural barriers, 7% of these being disabled themselves and 11% having handicapped persons in their families.
>
> Few local governments have done anything to eliminate architectural barriers in public buildings. Only one-fourth of 379 cities and towns surveyed, and one-sixth of 272 counties, reported local efforts to eliminate barriers.

Lack of need was given by 30% to 40% of these officials as the reason for lack of programs. Absence of legal requirement was the second most frequently given reason. Local officials favored State legislation as the best way to make buildings more accessible. However, their weighted responses suggested that "elimination in the design stage" was really considered the most effective approach.

Only 35% of 709 architects responding to a questionnaire were familiar with the "American Standard Specifications for Making Buildings ... accessible to ... the Physically Handicapped," and only 20% conformed to these specifications in their own design. While architectural barriers and barrier-free design were familiar terms to 60% of responding architects, this came mostly from reading journal articles, not from their professional education. The main reason architects do not design barrier-free buildings is that clients do not ask them to. Legislation is the most controversial aspect of the architectural barriers problem. While most architects and special interest groups see the need for it, they fear it might increase costs, inhibit creativity, or be unduly restrictive. To gain their full support, reassurance on these points would be necessary.

RECOMMENDATION: *The Division of Vocational Rehabilitation should promote a program of education for the architects of Connecticut to make them aware of present legislation and of the importance of barrier-free construction, and to assist them to realize that this barrier-free construction will not unduly increase costs, impair creativity, or be otherwise restrictive.*

This program of education could be conducted through letters to architects, speeches at professional architect's meetings, and through articles in architectural publications.

(See Section C-12 for a recommendation concerning the removal of architectural barriers in schools.)

G-2. TRANSPORTATION

Transportation was cited as a serious problem by the Regional Committees and by witnesses at the Public Hearing. Of the operating respondents who replied to the questionnaire, A Look at Today to Plan for Tommorrow, 24% thought that clients' transportation problems delayed or prevented rehabilitation services to their clients.

> RECOMMENDATION: *The Division of Vocational Rehabilition should provide finanical support to those priviate agenecies which need specially equipped vans and buses for transporting handicapped persons.*

> RECOMMENDATION: *The Division of Vocational Rehabilitation should arrange consortium agreements among private organizations in the larger urban areas to purchase one specially equipped van or bus for shared use by all agencies subscribing to the agreement.*

> RECOMMENDATION: *The Division of Vocational Rehabilitation should consult with firms operating common carriers in the state about the possibility of providing access to their carriers for disabled people, including those in wheel-chairs.*

G-3. JOB DEVELOPMENT AND PLACEMENT

Properly trained and supervised, the handicapped are among the most reliable workers in a shop or plant. Alice P. Irwin, Treasurer, Production Manager, and Personnel Manager of the Hartford Element Company, a small job-shop type of manufacturing enterprise, related performance records of the handicapped, who comprise approximately 50% of the employees, in her shop.

Mrs. Irwin noted that:

> a comparison of attendance records between the 'handicapped' and other non-handicapped employees is most revealing: the average loss of time per employee in the past year for the handicapped is seven days. Non-handicapped regular employees missed an average of eighteen days each. The competitive earned wage rate for the handicapped shows no variance from that of other employees.

She also observed, "we are usually able to teach the handicapped, except the retarded, every operation in the shop. The retarded show some limitations as operations become more complex or require any high degree of perceptive judgement and skill."

However, if jobs are to be developed so that the handicapped can fit into them easily, job training and competent supervision are necessary. The expressed need for vocational education or job training recurred repeatedly in the committee meetings and at the Public Hearing. Work adjustment and on-the-job training programs are vital, but not enough is being done. The mean percentage of clients whc operating respondents of the questionnaire A Look at Today to Plan for Tommorrow felt needed training or retraining before returning to work was 40%; however, respondent agencies give training or retraining as a part of their services to only a mean percentage of 33% of their clients.

The Plan of Cooperation between the State Board of Education (the State Board for Vocational Education) and the Board of (Workmen's) Compensation Commissioners of Connecticut in the Administration of Vocational Rehabilitation has recognized that:

> past studies and reports indicated that the physically and mentally handicapped lose jobs more often by their failure to adjust to a work situation than through their inability to perform the job; and inasmuch as our studies also indicated that failure in job training and employment was primarily due to lack of supervision in initial training and/or employment

> periods, there seemed to be a pressing need to supplement current available services to provide handicapped youth with the kinds of vocational experiences and supervision which would help them past this pitfall.

As a partial solution to the need for development of special training for jobs for the handicapped, occupational training laboratories as an integral part of urban school systems was suggested at the Public Hearing.

A recommendation concerning training programs in conjunction with industry is included in the next section. A recommendation for training programs in public service follows.

> RECOMMENDATION: *A long-range training program should be planned for training handicapped and disadvantaged individuals to fill manpower needs associated with rehabilitation, health, welfare, public safety, law enforcement, and other public service agencies.*

Such a program would require cooperation of all agencies involved. The agencies' regular training programs might be modified and supplemented by counseling and special work adjustment training programs, designed and administered by the Division of Vocational Rehabilitation.

G-4. PROGRAMS IN PARTNERSHIP WITH PRIVATE INDUSTRY

The 1968 Federal Vocational Rehabilitation Amendments provide for training projects with industry. Because of the importance of training and supervision discussed in the previous section, The Division of Vocational Rehabilitation should more actively seek the cooperation of private industry.

> RECOMMENDATION: *The Division of Vocational Rehabilitation in cooperation with the governor's committee on the Employment of the Handicapped should explore with commercial and industrial groups the establishment of specialized training programs designed specifically to meet the needs of*

handicapped and disadvantaged clients, in the three largest urban areas of the state, Bridgeport, New Haven, and Hartford.

The Division of Vocational Rehabilitation should concentrate on securing the cooperation of two or three industrial and commercial organizations in the State and then be prepared to reinforce these training programs with the services of a counselor. One counselor should be assigned to the specific task of working with these organizations on training and work adjustment of disabled clients hired by such firms.

By convening business and industry leaders, the Division of Vocational Rehabilitation could act as an intermediary between the business community and the agencies, including vendors to the Division of Vocational Rehabilitation, which operate training programs for the disabled. The needs of both clients and employers must be served by these training programs.

G-5. INNER CITY AND RURAL POVERTY

See recommendations under C-7 for the rural disabled and under B-6 for the socially and culturally disadvantaged.

G-6. OTHERS

The idea was expressed in the Public Hearing and in committee meetings that an organization whose purpose is rehabilitation should be concerned with early rehabilitation. The earliest possible rehabilitation is prevention of disabilities. The Division could do its part for prevention in at least two ways: by cooperating with other agencies who are attempting to eliminate the known causes of disability; and by preventive education.

A hypothetical example can be given. If LSD is found to alter the genetic structure of unborn children, when taken by young people who will one day be their parents, and if this alteration in genetic structure is known to cause disabilities, it would be wise for the Division of Vocational Rehabilitation to warn young people of this frightening possibility through a thorough educational campaign in Connecticut.

> RECOMMENDATION: *The Division of Vocational Rehabilitation in its Public Relations Program should be charged with the responsibility of investigating areas which need preventive education, and of initiating the programs which the Division considers to be within its area of concern.*

The Technical Advisory Committee on Legislation considered the inability of the Division each biennium to obtain sufficient money from the General Assembly for expansion of services to handle the constant back-log of disabled persons in need of rehabilitation and job placement one of the Division of Vocational Rehabilitation's greatest problems. With the ever-increasing caseload of disadvantaged, it becomes urgent not only to provide additional services, but also to impress upon Legislators the great economic advantage of putting disabled people to work. Because of the many problems in education today, the Committee considered that continuing the Division of Vocational Rehabilitation within the Department of Education is not practical or desirable. Unless there is an opportunity for the Division's budget to be presented and studied separately by the General Assembly, no real progress can be expected in terms of capturing additional federal monies or meeting the priority needs already documented in the Statewide Planning Project Report.

RECOMMENDATION: *The Advisory Committee on Legislation presented two alternatives in considering the future of the Division of Vocational Rehabilitation in Connecticut; that the Division be raised to independent commission status, or, alternately, that its position in the Department of Education be strengthened by the creation of position of Deputy Commissioner of Vocational Rehabilitation in the Department of Education. In light of these recommendations, the Executive Committee of the Planning Council and the Project Staff strongly recommend that the Governor appoint a committee to study the future status of the Division of Vocational Rehabilitation.*

In order to make Connecticut Vocational Rehabilitation laws conform to the 1968 Federal Vocational Rehabilitation Amendments the following recommendation is made.

> RECOMMENDATION: *The General Assembly should be urged to remove the residence requirement for rehabilitation service. This amendment would meet the conditions set by Federal Legislation which would allow Connecticut to remain eligible to capture federal funds for rehabilitation services.*

Connecticut should be able to utilize all federal funds available for special programs without a special state law to authorize each program.

> RECEMMENDATION: *The General Assembly should consider an amendment to state statute which would grant direct authority to the Division of Vocational Rehabilitation to implement special federal programs in vocational rehabilitation for the disadvantaged in Connecticut.*

There was general dissatisfaction expressed at the meetings of the Technical Advisory Committee on Legislation on the confusion among professional and lay persons about both the role of the Division of Vocational Rehabilitation and its responsibility to clients who are in state residential facilities or under the supervision of other state agencies. The legislative committee did not think that additional legislation would remedy this situation. However, the members did recognize the need for much better inter-departmental planning, increased study of third-party financing, and a vigorous public education program to acquaint the state agency administrators, the lay public, and state legislators with the economic feasibility of a dynamic rehabilitation program in this state.

The present federal and state legislation dealing with wages paid to workers in sheltered workshops should be reviewed to determine whether this legislation is effective in placing and keeping handicapped workers in a sheltered workshop environment. This was a very strong concern of the Regional Committees.

CHAPTER V

THE COMPOSITE WORKING PLAN

The development of a complete working plan for vocational rehabilitation services in Connecticut requires that the vocational rehabilitation system be viewed in a much broader perspective than has previously been the case. Professor Stanley Young (See APPENDIX, p. 38), delineates a functional analysis of vocational rehabilitation, using the analogy of a complex business organization. (Refer to Chart, FUNCTIONAL ANALYSIS, V-1) In this perspective, the production function of rehabilitation is the management of a network operation; i.e., the management and coordination of services provided by other agencies to the clients of the vocational rehabilitation system.

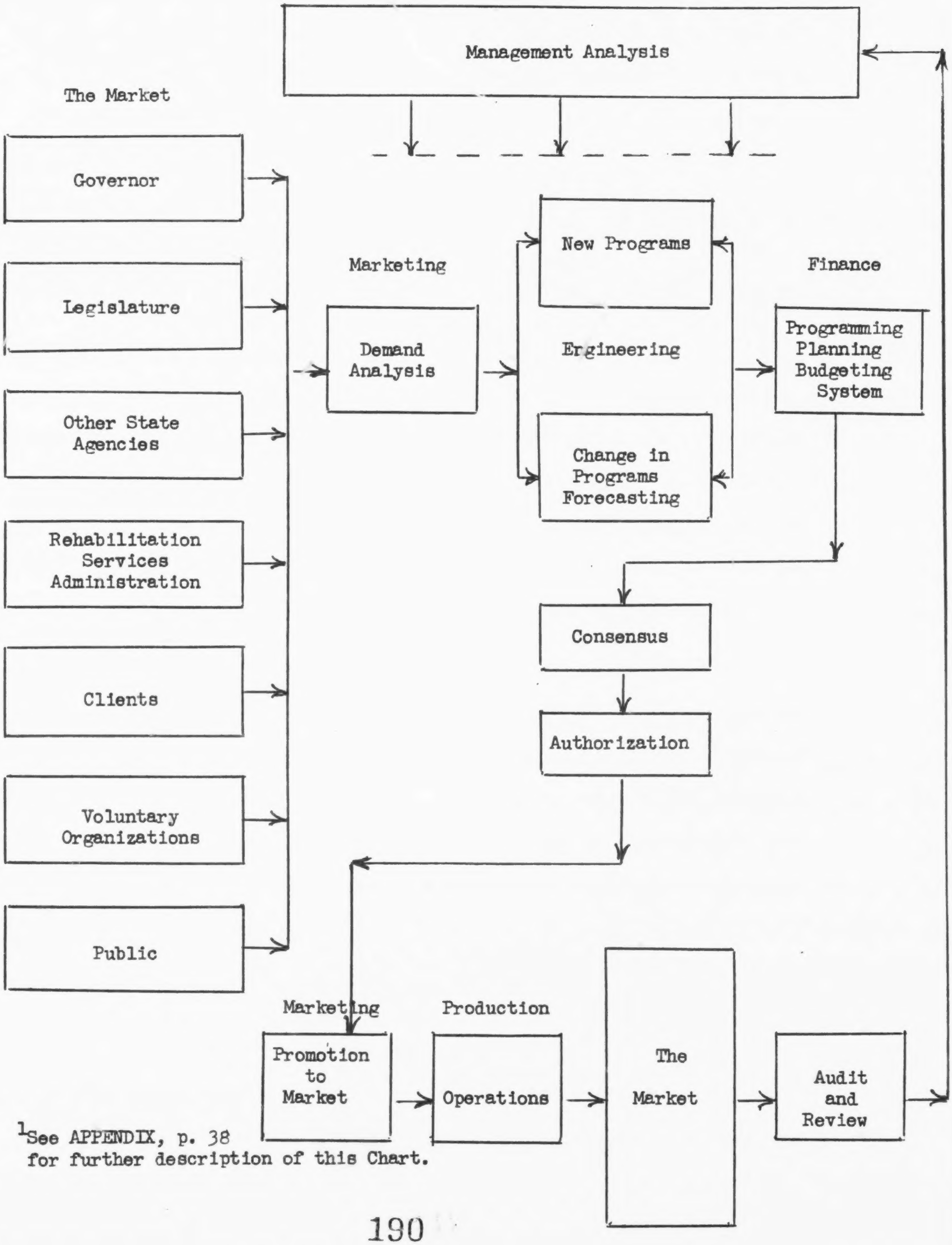
The marketing function, which is an extremely important part of any business organization, is not found as such in most vocational rehabilitation systems, although some aspects of it are carried on by various groups within rehabilitation. However, rehabilitation must have a permanent marketing capability in order to retain its ability to serve current as well as future rehabilitation needs. A state agency or any social or business organization must have the ability to perform three functions:

1. to carry out demand analysis
2. to suggest needs for new programs
3. to sell existing and proposed programs

"Demand analysis" is a method used for determining the nature of the market as it relates to the program or particular set of services. It estimates which programs will satisfy particular client groups. These questions are raised: What is the market? What is the population of the market? The legislators and the Governor are the political market which provides the funds. Other public agencies may also, potentially, provide funds. The other aspect of the market is the client population which is to be rehabilitated. Once that population is designated, it is necessary to ascertain the particular needs of the population. What, specifically, do the legislators and the Governor want, in services, from rehabilitation? With this very restricted customer group, it becomes particularly important to know exactly what each legislator wants from rehabilitation, and to understand his perception of rehabilitation. Also, since rehabilitation is within the State Department of Education, this Department constitutes the environment of the rehabilitation agency. The "prime" customers are, therefore, the legislators, the Governor, and the State Department of Education.

What is the customer's ability to pay? A reasonable and realistic monetary evaluation of the potential demand for services, for a specified period of time, must be made; and it is in this evaluation that agencies often make serious mistakes in their forecasts. A large client demand for services can be easily documented, but, in this case, the client is not paying for the service. It is the Legislature which is paying for the service and will determine the amount and kind of service to be rendered. The fact that those who receive the service and those who pay for the service are two different groups does not really change the analysis, insofar as estimating the potential client demand for services is concerned; but demand must also be analyzed in relation to the probable budget which the Legislature will allocate for the agency.

V-1
FUNCTIONAL ANALYSIS[1]


Management Analysis
The Market
Governor
Legislature
Other State Agencies
Rehabilitation Services Administration
Clients
Voluntary Organizations
Public
Marketing
Demand Analysis
New Programs
Engineering
Change in Programs Forecasting
Finance
Programming Planning Budgeting System
Consensus
Authorization
Marketing
Promotion to Market
Production
Operations
The Market
Audit and Review

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[1] See APPENDIX, p. 38 for further description of this Chart.

The ability to pay, however, does not remove the necessity to ascertain the potential client population which will need services and the particular kind of services needed. As far as the potential market is concerned, over the next five years a clear, realistic estimate of funds which the legislators, at both Federal and state levels, will allocate, must be made, because there are more clients who need service than there is money available to provide services. Clearly, both components of the demand analysis (budget and service) will need yearly re-examination.

The legislators' market is both the basic constraint and the critical market which has to be sold. The legislators represent constituents and must know the nature and extent of programs which the constituency would like to see implemented. These constituents represent a more indirect market which must also be sold. Market data, in terms of what the customers want, suggests new programs which the program development function should evolve.

Information on demand analysis from the marketing function is sent to the engineering, or program development function, where new programs are devised and existing programs are modified or eliminated. The engineering function, like all the other functions, must be aware of the need for continuous modification, so that the system reflects current problems. The engineering function serves to keep production both current and meaningful.

The production function represents the ultimate expression of the vocational rehabilitation system: services and programs to aid the vocationally disabled.

The finance function of a vocational rehabilitation system must be more than an historical record keeping system. It is unfortunate that most of the effort which usually goes into a finance function is more concerned with record keeping than it is with future planning. An effective financial system would use forecasting extensively to prepare future budgets. Such forecasting, in Connecticut, should be part of a program planning and budgeting system. This system would allow vocational rehabilitation to review all aspects of existing programs and to extend or reduce each program according to performance. It would permit vocational rehabilitation to make budget presentations to appropriate legislative committees in a simple and direct fashion. Such presentations would show that vocational rehabilitation can provide a given array of services to "X" number of people (with the eligibility criteria stated explicitly), at a cost of "Y" dollars, to achieve an expected set of economic and non-economic benefits. At the end of a budget period, the managers of the vocational rehabilitation system can go back to the same legislative committees and report precisely how closely they have achieved their objectives. Vocational rehabilitation could then make its budget presentation for the next year, based upon the performance of previous years. Any conditions which had changed during the year, and which would affect the program directly, such as rapid growth in other agencies' programs, or change in the matching ratio, could then be considered. The presentations and the accounting would be on a biennial basis since the Connecticut Legislature meets every two years. However, it is possible that reporting to advisory bodies, as well, on an annual basis, would be required.

Finally, the program of vocational rehabilitation must continuously go through an audit review stage, in order to determine whether its goals are being met. Here the techniques of cost-benefit analysis can be used to show the effectiveness of the program. (See APPENDIX, p.96 for a discussion of cost-benefit analysis.) The basic techniques of cost-benefit analysis must be used in the justification for particular budgets.

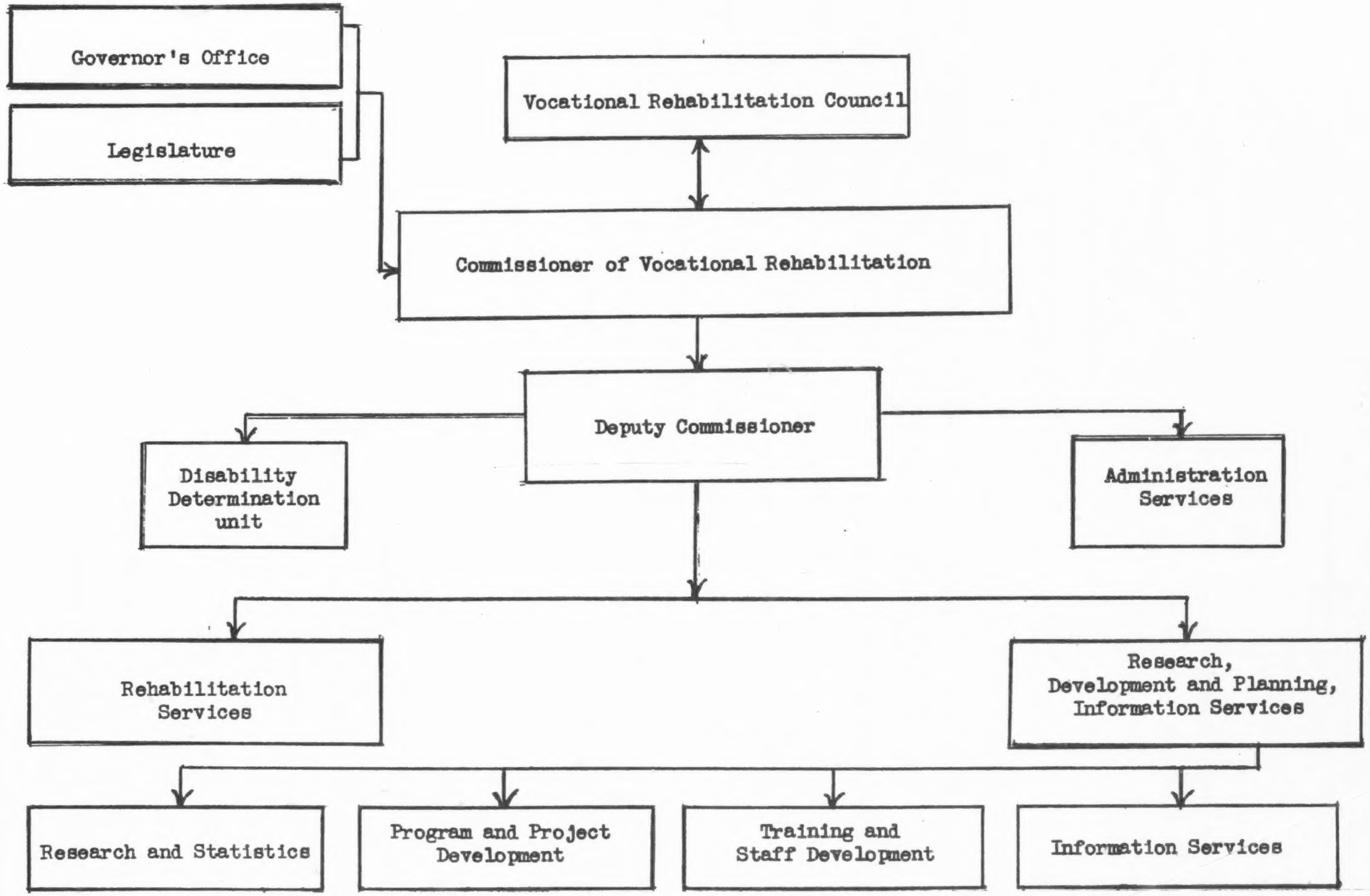
Vocational rehabilitation has been cited as an outstanding human resourse investment program, whose previous history and experience warrent its future expansion. However, within the Department of Education, Vocational Rehabilitation's budget and the economic advantages which flow from it are lost to the legislative and the public eye. A study of the future status of the Division (see Legislation) may serve as the framework for the supplimentation of the recommendations contained in this report.

The possibility, ultimately, of an independent Commission of Vocational Rehabilitation will probably take some time to materialize, but the Commission and the broad plan which follows should be adhered to if the growth of the system is to be orderly and consistent with the increasing demand for services. A proposed organization chart for a future Commission is included. (See next Page)

This proposed-organization covers, presently, a vocational rehabilitation program for the non-blind, only. Services to the blind are furnished by the State Board of Education and Services for the Blind. Active collaboration and cooperation characterize the relationship between the Division and this organization, but a study should be made of the possibility of combining the work of the Division of Vocational Rehabilitation and that of the Board of Education and Services for the

V-2

PROPOSED ORGANIZATION CHART
COMMISSION OF VOCATIONAL REHABILITATION, STATE OF CONNECTICUT


Governor's Office
Legislature
Vocational Rehabilitation Council
Commissioner of Vocational Rehabilitation
Deputy Commissioner
Disability Determination unit
Administration Services
Rehabilitation Services
Research, Development and Planning, Information Services
Research and Statistics
Program and Project Development
Training and Staff Development
Information Services

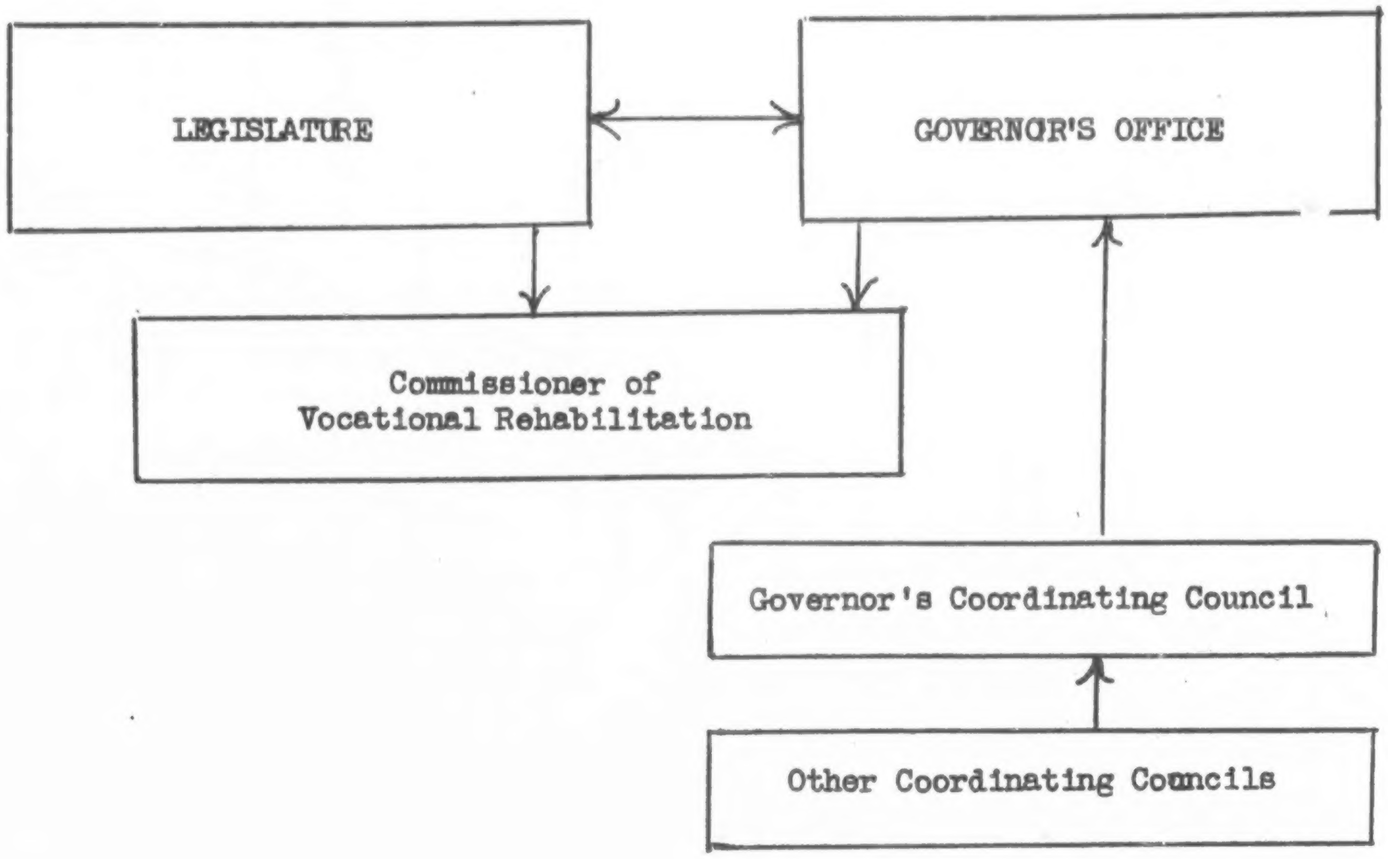
*It is not implied here that a single person or unit would be responsible for the various functions labeled Research, Development and Planning, Information. As the structure of an expanded vocational rehabilitation

Blind. The principal purpose of such a consolidation would be to improve and coordinate services to the blind, particularly the blind who have severe multiple disabilities.

Each of the units within the proposed organization would have certain basic responsibilities. Each recommendation in the previous portions of this report would be the particular responsibility of one of these units. A recapitulation covering the units and the duties and recommendations for which they should be responsible follows:

The Governor's Office and the Legislature

The Governor's Office and the Legislature represent the ultimate control of the vocational rehabilitation system. The relationship to vocational rehabilitation is shown in the chart below:

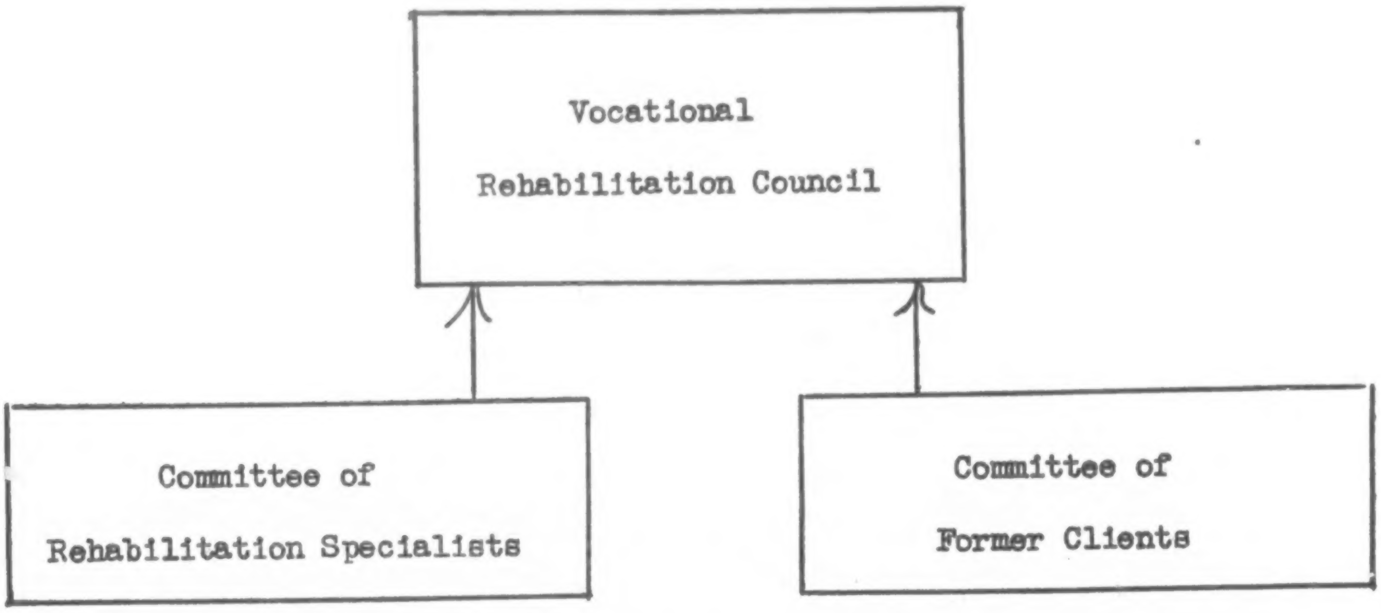

LEGISLATURE
GOVERNOR'S OFFICE
Commissioner of Vocational Rehabilitation
Governor's Coordinating Council
Other Coordinating Councils

Recommendations relating to the roles of these councils are outlined in Section D of this report. See also Section F-1, Public Relations, indicating the type of cost and benefit information which the Governor and the Legislature require for the appropriation, allocation, and expenditure of funds for the vocational rehabilitation system.

The Vocational Rehabilitation Council

The Council should be comprised of citizens in the State who are concerned with the problems of vocational rehabilitation. At this time, there is a Citizens' Advisory Committee which counsels the present Division Director. The Council for the Commission should be convened at least four times a year so that it may be more active in long range planning, basic decision making, and the operations which affect vocational rehabilitation.

The Council should be advised by a Committee of Rehabilitation Specialists as well as a Committee of Former Clients.


Vocational
Rehabilitation Council
Committee of
Rehabilitation Specialists
Committee of
Former Clients

Commissioner of Vocational Rehabilitation

The Commissioner of Vocational Rehabilitation would be responsible, primarily, for the establishment and achievement of the goals and objectives of the vocational rehabilitation system. The Commissioner and his representatives would be responsible for coordinating the vocational rehabilitation program with other state, federal, and private rehabilitation agencies.

The Commissioner should work with the Vocational Rehabilitation Council, and also with a group composed of operating representatives from each of the units within the Commission of Vocational Rehabilitation. Such a group, the Rehabilitation Council, is presently advising the Director of the Division of Vocational Rehabilitation.

The Deputy Commissioner of Vocational Rehabilitation

The Deputy Commissioner would be responsible for administrative services. He would also give guidance and direction to the Disability Determination Unit; Rehabilitation Services; and Research, Development and Planning, and Information Services. He is responsible for the operations of the vocational rehabilitation system.

Administrative Services

The establishment of a Commission of Vocational Rehabilitation would require the separate performance of administrative services presently performed for the Division of Vocational Rehabilitation by the Central Office of the State Department of Education.

The Harbridge House Report of 1965, An Administrative Study of the

Division of Vocational Rehabilitation of the Connecticut State Department of Education, was very emphatic in its recommendation for an increased administrative staff. It is critical that the administrative staff be large enough and strong enough to facilitate operations and fiscal planning, thus relieving professional personnel for duties more directly related to rehabilitation services. A recommendation on the initial staffing and the financial and personnel functions of such an administrative unit is contained in Section F-2 of the report.

The fiscal unit of Administrative Services should work toward a programming, planning and budgeting system for rehabilitation, or develop other techniques which will enable the rehabilitation system to secure maximum value for the dollars it spends. Among the benefits which would result from a programming, planning and budgeting system, are the following:

1. precise identification of goals, on a continuing basis
2. selection of goals which are most urgent
3. determination of alternatives for achieving goals through most effective and least costly means
4. information as to cost of programs for the next year and subsequent years
5. measurement of program performance to insure a dollar's worth of service for each dollar expended

The system should be flexible enough so that changes could be made as required. Ideally, it would be able to adjust to a changing caseload, a larger or smaller budget, and the allotment of funds for various purposes. Necessary changes in the system would be made by a monitoring group familiar with its function.

Disability Determination

Disability Determination presently administers, and would continue to administer the program of disability determination under the provisions of the Federal Social Security Act. It would be responsible to the Deputy Commissioner for carrying out the terms of a formal agreement between the Social Security Administration of the Department of Health, Education and Welfare, and the proposed Commission of Vocational Rehabilitation.

The responsibilities of the group would be

1. to screen disability determination cases for vocational rehabilitation potential and referral of appropriate cases to Rehabilitation Services.
2. To provide medical, vocational, and other data from case files, in conjunction with referrals.

Rehabilitation Services

Vocational Rehabilitation Services would consist of the central administrative office, with its consultants and advisory committees, as well as the present system of district offices and the present and recommended additional local offices throughout the State. Additional local offices under the supervision of a present district office would be established in suitable locations for the purpose of integrating the State Vocational Rehabilitation Program more effectively into other community organizations. (See Section F-3 of the report.) The central office would provide direction, supervision, and coordination of the rehabilitation services administered by the local offices.

Vocational Rehabilitation Services is the principal production function of the Vocational Rehabilitation System.

Recommendations concerning these services are made in other sections of this report, namely:

1. financial aspects F-2
2. public relations aspects........................F-1
3. personnel aspects...............................F-5
4. extension of services to other parts of the State..................................F-3
5. extension of services into mental institutions..................................B-4
6. extension of services into schools..............C-12

Research, Development and Planning, and Information Services

The existing vocational rehabilitation system is essentially a production system based on furnishing services to clients. This system has not been adequately reinforced by supporting research programs which identify and study problems; development and planning which design new programs to meet changing rehabilitation needs; training and staff development which provide new techniques to meet current problems; and, finally, information services which meet the needs of those involved in vocational rehabilitation.

It has been reasoned, in the past, that if more rehabilitation services are needed, then more counselors should be hired to provide these services. On the other hand, if the reasonable goal is to provide more appropriate kinds of services more efficiently, rather than merely increased services, then the research, planning and development, and information services described in this section become vital. If an administrator is to make decisions about future programming, he requires planning support. He cannot, singly, be an administrator, a trainer, a program developer, a researcher, and a public information agent. With the growth of vocational rehabilitation in numbers as well as complexity, it would be poor planning simply to increase the service component and provide none of the other components vitally needed to support the increase in services.

Some of these support functions already exist within the present Division of Vocational Rehabilitation, in Connecticut. However, the expansion of these support functions within the framework of a Commission of Vocational Rehabilitation represents the most significant organizational change or addition recommended by the Statewide Planning Project for Vocational Rehabilitation Services. The comments which follow indicate, briefly, the broad responsibilities of the additional components. The details of the organization and staffing must be carefully determined. However, the framework presented here outlines logical functional areas. It is essential that the implementation of the recommendation for a Commission in this report proceed within the framework of the organizational structure outlined here.

Research and Statistics

Recommendations concerning the functions of a research organization are made in Section F-5. In addition to this, the recommendations contained in A Model Statistical Program for Vocational Rehabilitation, prepared in June 1967, for the Division of Vocational Rehabilitation in Connecticut, are being implemented and would continue to be appropriate for the Research and Statistics Unit of the Commission. This unit would serve as the central resource for all research and statistical data. It would conduct research projects proposed by other units within the Commission, as well as projects which originate within the unit itself. It would also serve as the research link to research groups in other organizations.

The interdisciplinary nature of the vocational rehabilitation system requires a strong research program. It must be emphasized that research which is not eventually brought into use in operations is worse than useless. It wastes funds which could have been used for case service costs. Therefore, a research program with working links to operating units is critically needed.

Program and Project Development

It would be the function of the Program and Project Development Unit to take the program priorities of vocational rehabilitation, study the needs, design the program, including budgets, and present a workable program or project to the policy makers. This would constitute a continuous process of evaluation and improvement of existing programs and projects, and the design of new programs and projects.

Program development would use available information, such as the recommendations of the Planning Project, or data on existing programs in other agencies and states, to design relevant, workable program solutions to meet defined needs.

Beginning with the needs of the vocationally disabled, program development would ascertain:

1. details of programs which now serve this group
2. appropriateness of these programs
3. new services which need to be given, or present services which must be expanded

Program development must work creatively within the realities of fiscal and personnel limitations.

Program and Project Development would also have the responsibility of providing consultation and supervision to the special projects it designs. It would be responsible for

1. certification and effective utilization of established Rehabilitation Centers and Workshops, promotion of the growth and development of present facilities and of new facilities, as needed.
2. consultative services to established research and demonstration projects, and promotion of the growth and development of these projects and of new projects, in response to present and future program needs.
3. administration of the Cooperative School Program for services to young handicapped persons, and the development and growth of these programs throughout the State, through continued cooperation with the Division of Vocational Education, Division of Instructional Services (Department of Education), local school boards, and other related agencies .

Training and Staff Development

Because of the information explosion in vocational rehabilitation, graduate education is no longer as final a preparation for professional practice. The continual building of skills is necessary so that the individual practitioner may keep abreast of new developments. Vocational rehabilitation is unique in this respect because it encompasses many diverse fields. Advances in medicine, psychology, prosthetic and orthotic design, and many other fields, all affect the quality of services which the counselor must coordinate for the disabled client. As the eligibility criteria expand to include the socially and culturally disadvantaged and others, the special kinds of skills and sensitivities needed by counselors must be increased. This is the function of training: to remedy the deficiencies of service personnel by means of training and staff development.

The training function must take basically the same approach as that taken in program development, in terms of examining current training programs, determining the appropriateness of these training programs, and designing new training programs as required.

Training must include workshop training, orientation, in-service training, and programs with institutions of higher education. The training and staff development function is a quality control method which helps to insure consistent quality services. Training and staff development may take precedence over delivery of present services if it is seen as an investment in the quality of future services, even if a time loss occurs during the training period. Specific recommendations on training are included in this report, as indicated below:

1. The Mentally Ill B-4
2. Correctional Rehabilitation................C-2
3. Interagency Coordination of Service Programs.................................D
4. Personnel Recruitment, Training, and Utilization...............................F-4

Information Services

Information Services would be responsible for a broad program providing information on rehabilitation, to be used by the Legislature, the Governor, the public, employers, and others. Information Services would be responsible for the following:

1. publication of a periodic newsletter to inform the Staff and interested persons of activities and new developments in the field of rehabilitation

2. audio-visual materials for Staff members to use in their local committees

3. instruction of Staff in proper presentation of those materials, and the provision of outline speeches

4. development of new opportunities throughout the State for the presentation of rehabilitation information

5. preparation and distribution of news releases pertaining to the field of vocational rehabilitation

The role of Information Services, with respect to the Legislature, the Governor, the public, employers, and the prospective clients is indicated in Section F-1.

CONCLUSIONS:

A committee appointed by the Governor should study the future status of Vocational Rehabilitation thoroughly and report their findings to him for further action.

The achievement of the objectives outlined in this report will require various new services and units. There will be a need for supervision and direction from various administrative levels. Whether these levels are within a commission framework or a division framework does not alter the need for this supervision and direction; nor does it seriously affect the total cost. After the establishment of the Commission, the internal structure and allocations of duties and responsibilities must be determined in greater detail than is indicated in this study, since many of these duties and responsibilities are currently being performed in the Division of Vocational Rehabilitation, in Connecticut. The units recommended within this Commission are consistent with the expanded needs for vocational rehabilitation services outlined in this report. Costs of the individual units can be found in the Summary of the Recommendations. The increased budgets required by the Commission will be more than justified by the improvement of the quantity and quality of rehabilitation services which are to be offered. In addition, the vocational rehabilitation program is one of the few human investment programs which, ultimately, yields a greater return than the original expenditure.

Vocational disability is difficult to define because of the many factors which enter into its determination. The vocationally disabled in Connecticut number approximately 147,000. (See Table A-1 in Chapter IV.) This group, which includes the socially and culturally disadvantaged as well as the physically handicapped, is potentially eligible for vocational rehabilitation services. The extent of these services, the budgets allotted to this activity, must be examined within the system's framework recommended in this report.

The funds invested in this human resource program must be invested wisely, with both short run and long run considerations in mind. Without such an analysis, the growth of the vocational rehabilitation system in Connecticut will be lacking in direction and, as a consequence, the services given to clients will be inadequate.

The total need for vocational rehabilitation services in Connecticut for 1970 would require a total budget of $51,000,000. (See Table V-2 and V-6.) However, since the objective of providing rehabilitation services by 1970 to all those who are eligible is not feasible, present plans of the Division of Vocational Rehabilitation call for an active case load in 1970 of 15,000 which will represent approximately 15% of the eligible total. The proposed Division budget for the fiscal year 1970 is $5,300,000 which represents approximately 10% of the estimated budget which would be required to serve the entire vocationally disabled population. The Project has calculated an estimated cost for 1970 of $7,600,000.

In calculating cost estimates for 1970 and 1975, the Planning Project has used a different method and different assumptions from those used by the Division of Vocational Rehabilitation. The average case service costs for rehabilitated clients by disability category were taken for two fiscal years (1967, 1968). This average was modified by the length of time a rehabilitated client spent in the rehabilitation process (15.7 months). The average case service cost, thus, represented the average amount for a fiscal year per client in a particular disability category. The assumption made in the derivation of the case service costs estimated by the Project was that an increasing case load would be distributed by category more in proportion to the disabled population in Connecticut than is the present case load.

The total need for vocational rehabilitation services in Connecticut for 1975 would require, according to the disability projections made in Table V-3 a total cost of $74,000,000. (See Table V-6.)

Since it would not be feasible within the five year period from 1970 to 1975 to expand services from 15% to 100% of the vocationally disabled in Connecticut, it is recommended that the vocational rehabilitation system should serve, by 1975, approximately 30% of the eligible disabled. This would require a total expenditure of $22,000,000. (See Table V-5 and V-6.)

The transition from serving 15% of the eligible disabled (15,000) in 1970 to 30% (35,000) in 1975 could be made in approximately equal increments of 5,000 clients annually during that period. The size of the increments in the case load must be contingent on a proportionate increase in funding, personnel, and facilities to serve the disabled. The growth and development of vocational rehabilitation must proceed in an orderly, planned fashion; it must not be left to chance. If left to chance, utilization of resources will be ineffective. More importantly, random growth of the system will adversely affect delivery of services to clients which is the principal reason for the vocational rehabilitation system.

V-3

PROJECTED NUMBER IN NEED OF VOCATIONAL REHABILITATION AND PROJECTED CASE SERVICE COSTS FOR 1970

VRA Codes	Disability	Average Annual Case Service Cost per Client[1]	Number in Caseload[2]	Case Service Costs in 1970
100-119	Blindness	--	--	--
120-149	Other Visual Impairments	212	8,428	1,784,292
200-219 220-229	Deafness and Other Hearing Impairments	368	2,924	1,077,172
300-319 320-339 340-359 360-379 380-399	Orthopedic - Paraplegia Orthopedic- Hemiplegia Orthopedic - one or both Orthopedic - upper or lower Orthopedic - other	421	26,918	11,335,977
400-449	Absence or Amputation of Members	471	602	283,428
500	Psychotic Disorders	344	2,378	817,889
510	Psychoneurotic Disorders	295	2,378	701,558
520 521 522	Alcoholism Drug Addiction Other Character, Personality, and Behavioral Disability	254	2,038	517,143
530	Mild Mental Retardation	225	2,888	648,934
532	Moderate Mental Retardation	432	2,888	1,247,125
534	Severe Mental Retardation	677	1,019	690,036
600-609	Cancer	*		
610-619	Allergic, Endocrine System, Metabolic and Nutritional	603	5,590	3,370,938
620-629	Diseases of the Blood	*		
630	Epilepsy	279	602	167,940
639	Other Disorders of the Nervous System	*		
640-644	Cardiac Conditions	338	15,996	5,403,769
645-649	Other Circulatory Conditions	*		
650-659	Respiratory Diseases	258	4,472	1,151,853
660-669	Digestive System Disorders	200	7,654	1,532,714
670-679	Genito-Urinary System Conditions	*		
680-689	Speech Impairments	355	946	336,208
690-699	Other (not elsewhere classified)	*		
	All other	*417	12,986	5,409,188
	Totals		100,707	36,476,164

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[1] A two-year average of fiscal years 1966-1967 and 1967-1968 was used.

[2] The number of potentially eligible individuals was modified by 14% to reflect the experience of 1966-1967 which showed that 14% of those who applied for vocational rehabilitation services were not accepted for these services.

V-4

PROJECTED NUMBER IN NEED OF VOCATIONAL REHABILITATION AND PROJECTED CASE SERVICE COSTS FOR 1975

VRA Codes	Disability	Average Annual Case Service Cost per Client[1]	Number in Caseload[2]	Case Service Costs in 1975
100-119	Blindness	--	--	--
120-149	Other Visual Impairments	212	9,632	2,039,191
200-219 220-229	Deafness and Other Hearing Impairments	368	3,354	1,235,580
300-319 320-339 340-359 360-379 380-399	Orthopedic - Paraplegia Orthopedic - Hemiplegia Orthopedic - one or both Orthopedic - upper or lower Orthopedic - other	421	30,788	12,965,750
400-449	Absence or Amputation of Members	471	688	323,917
500	Psychotic Disorders	344	2,709	931,734
510	Psychoneurotic Disorders	295	2,709	799,209
520 521 522	Alcoholism Drug Addiction Other Character, Personality, and Behavioral Disability	254	2,322	589,208
530	Mild Mental Retardation	225	3,290	739,263
532	Moderate Mental Retardation	432	3,290	1,420,721
534	Severe Mental Retardation	677	1,161	786,194
600-609	Cancer	*		
610-619	Allergic, Endocrine System, Metabolic and Nutritional	603	6,364	3,837,683
620-629	Diseases of the Blood	*		
630	Epilepsy	279	688	191,931
639	Other Disorders of the Nervous System	*		
640-644	Cardiac Conditions	338	18,318	6,188,187
645-649	Other Circulatory Conditions	*		
650-659	Respiratory Diseases	258	5,160	1,329,061
660-669	Digestive System Disorders	200	8,686	1,739,372
670-679	Genito-Urinary System Conditions	*		
680-689	Speech Impairments	355	1,032	366,723
690-699	Other (not elsewhere classified)	*		
	All other	*417	14,878	6,197,282
	Totals		115,069	41,681,006

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[1] A two-year average of fiscal years 1966-1967 and 1967-1968 was used.

[2] The number of potentially eligible individuals was modified by 14% to reflect the experience of 1966-1967 which showed that 14% of those who applied for vocational rehabilitation services were not accepted for these services.

V-5

PROJECTED CASELOAD GOALS AND CASE SERVICE COSTS FOR VOCATIONAL REHABILITATION IN 1970

VRA Codes	Disability	Average Annual Case Service Cost per Client[1]	Number in Caseload[2]	Case Service Costs in 1970
100-119	Blindness	--	--	--
120-149	Other Visual Impairments	212	1,254	265,848
200-219 220-229	Deafness and Other Hearing Impairments	368	435	160,080
300-319 320-339 340-359 360-379 380-399	Orthopedic - Paraplegia Orthopedic - Hemiplegia Orthopedic - one or both Orthopedic - upper or lower Orthopedic - other	421	4,006	1,686,526
400-449	Absence or Amputation of Members	471	90	42,390
500	Psychotic Disorders	344	354	121,776
510	Psychoneurotic Disorders	295	354	104,430
520 521 522	Alcoholism Drug Addiction Other Character, Personality, and Behavioral Disability	254	303	76,962
530	Mild Mental Retardation	225	430	96,750
532	Moderate Mental Retardation	432	430	185,760
534	Severe Mental Retardation	677	152	102,904
600-609	Cancer	*		
610-619	Allergic, Endocrine System, Metabolic and Nutritional	603	832	501,696
620-629	Diseases of the Blood	*		
630	Epilepsy	279	90	25,110
639	Other Disorders of the Nervous System	*		
640-644	Cardiac Conditions	338	2,381	804,778
645-649	Other Circulatory Conditions	*		
650-659	Respiratory Diseases	258	666	171,828
660-669	Digestive System Disorders	200	1,139	227,800
670-679	Genito-Urinary System Conditions	*		
680-689	Speech Impairments	355	141	50,055
690-699	Other (not elsewhere classified)	*		
	All other	*417	1,933	806,061
	Totals		14,990	5,430,754

[1] A two-year average of fiscal years 1966-1967 and 1967-1968 was used.

[2] The number of potentially eligible individuals was modified by 14% to reflect the experience of 1966-1967 which showed that 14% of those who applied for vocational rehabilitation services were not accepted for these services.

PROJECTED CASELOAD GOALS AND CASE SERVICE COSTS FOR VOCATIONAL REHABILITATION IN 1975

VRA Codes	Disability	Average Annual Case Service Cost per Client[1]	Number in Caseload[2]	Case Service Costs in 1975
100-119	Blindness	--	--	--
120-149	Other Visual Impairments	212	2,890	612,680
200-219 220-229	Deafness and Other Hearing Impairments	368	1,006	370,208
300-319 320-339 340-359 360-379 380-399	Orthopedic - Paraplegia Orthopedic - Hemiplegia Orthopedic - one or both Orthopedic - upper or lower Orthopedic - other	421	9,236	3,888,356
400-449	Absence or Amputation of Members	471	206	97,026
500	Psychotic Disorders	344	813	279,672
510	Psychoneurotic Disorders	295	813	239,835
520 521 522	Alcoholism Drug Addiction Other Character, Personality, and Behavioral Disability	254	697	177,038
530	Mild Mental Retardation	225	987	222,075
532	Moderate Mental Retardation	432	987	426,384
534	Severe Mental Retardation	677	348	235,596
600-609	Cancer	*		
610-619	Allergic, Endocrine System, Metabolic and Nutritional	603	1,909	1,151,127
620-629	Diseases of the Blood	*		
630	Epilepsy	279	206	57,474
639	Other Disorders of the Nervous System	*		
640-644	Cardiac Conditions	338	5,495	1,857,310
645-649	Other Circulatory Conditions	*		
650-659	Respiratory Diseases	258	1,548	399,384
660-669	Digestive System Disorders	200	2,606	521,200
670-679	Genito-Urinary System Conditions	*		
680-689	Speech Impairments	355	310	110,050
690-699	Other (not elsewhere classified)	*		
	All other	*417	4,463	1,861,071
	Totals		34,520	12,506,486

[1] A two-year average of fiscal years 1966-1967 and 1967-1968 was used.

[2] The number of potentially eligible individuals was modified by 14% to reflect the experience of 1966-1967 which showed that 14% of those who applied for vocational rehabilitation services were not accepted for these services.

TABLE V-7

SUMMARY OF PROJECTED NEEDS AND GOALS FOR VOCATIONAL REHABILITATION IN CONNECTICUT

Estimated Needs - 1970

Number of Potential Clients:		100,707
Costs:		
Case Services[1]	$36,500,000	
Counseling and Placement[2]	8,350,000	
Administration[3]	3,600,000	
Estimated Increase in Cost[4]	2,450,000	
Total		$50,900,000

Estimated Goals - 1970

Number of Potential Clients:		14,990
Costs:		
Case Services[1]	$5,400,000	
Counseling and Placement[2]	1,300,000	
Administration[3]	500,000	
Estimated Increase in Cost[4]	400,000	
Total		$7,600,000

Estimated Needs - 1975

Number of Potential Clients:		115,069
Costs:		
Case Services[1]	$41,700,000	
Counseling and Placement[2]	9,600,000	
Administration[3]	4,100,000	
Estimated Increase in Cost[4]	18,800,000	
Total		$74,200,000

Estimated Goals - 1975

Number of Potential Clients:		34,520
Costs:		
Case Services[1]	$12,500,000	
Counseling and Placement[2]	2,900,000	
Administration[3]	1,200,000	
Estimated Increase in Cost[4]	5,600,000	
Total		$22,200,000

Footnotes:

[1] The average case service costs for rehabilitated clients by disability category were taken for two fiscal years, 1967 and 1968. These averages were modified by the length of time a rehabilitated client spent in the rehabilitation process (15.7 months) to give an average annual case service cost per client for each disability category. These annual costs were multiplied by the number

TABLE V-7

Summary of Projected Needs and Goals for Vocational Rehabilitation in Connecticut (cont.)

Footnotes (cont.)

of clients projected for each disability category.

[2] The number of potential clients was divided by 200, which was considered to be a maximum counselor caseload. This yielded the number of counselors needed, which was multiplied by the 1967-1968 average counselor cost to give a counseling and placement estimate

[3] The administrative costs in the 1967-1968 budget represented 8% of the total budget, excluding administrative costs. This percentage was used in estimating administrative costs for 1970 and 1975.

[4] Five per cent compounded annually was used.

CHAPTER VI

CONTINUED PLANNING AND FOLLOW-UP

Dr. Stanley Young's systems approach to the whole area of rehabilitation provides an intrinsic review of the flow of the system. If the system is properly implemented, the review will be automatic and frequent.

The proposed Commission contains the Research, Planning and Development, and Information Services Section. This group would provide the necessary planning function. As an interim step, the present Division has created a skeleton Research, Planning and Development Unit which consists of three permanent positions. This group of three should serve as the nucleus of the Research, Planning and Development, and Information Services recommended for the Commission. However, this group should immediately be augmented by consulting specialists qualified to structure a Research and Statistics Unit, a Program and Project Development Unit, a Training and Staff Development Unit, and an Information Services Unit.

Planning may also be continued, with the assistance of the Travelers Research Center, which recently established a Social Systems Research Group. It could be used as a consultative body to help establish the Commission plan, to devise managerial structures, and to design information flows within the vocational rehabilitation agency.

In the earlier sections of this report, such items as extension of services, opening of additional offices, personnel utilization, and inter-agency coordination were assigned to particular groups within the present vocational rehabilitation organizations. These groups must be responsible for the follow-up on these recommendations.